IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR: JAMES GARDNER DATE 11-20-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION: To Lake Norman Elementary School Rd. - Turn left Haynestill-go straight

To Arrowhead Trail - 1st house on R. after Sign. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms	No. Bathrooms		
Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	
Lot Area			

Character & Porosity of Soil _____
Percolation Rate _____
Topography Repair
Depth to Water Table _____
Rock or other impervious formations _____

Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1 Lines Ft. 55'
Sq. Ft. 165
Depth of Stone in Lines 12"

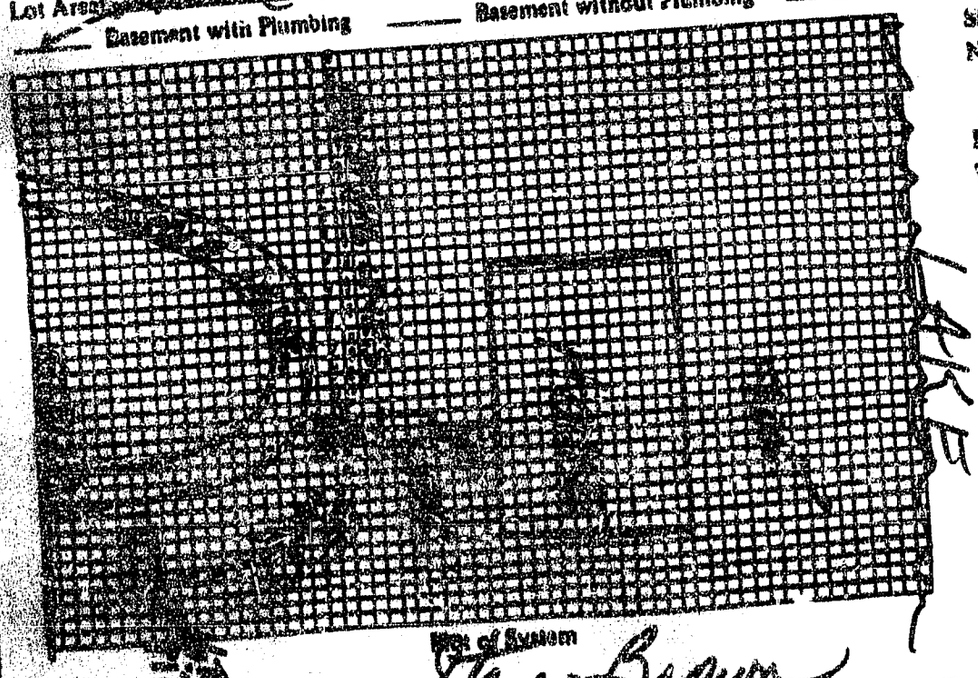
Water Supply: Individual ( ) Public ( )

PLUS 16 TON TRENCH AT END OF NEW LINE.

Installed by James Fullbright

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____



Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New dist. box & 4 old lines tied in. Tank pumped & inspected. S.T. system for basement plumbing. Check plumbing fixtures for water. Well greater than 100' DATE 11-20-90.

CERTIFICATE OF COMPLETION BY Steve Brown DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold