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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 Mr. and Mrs. Robert Millikin DATE 7/10/89 PERMIT NO. 17D

PHONE: Business _____ Home 528-3424

LOCATION 150 W. TR Perth Rd. TL Fern Hill Rd. TL Kenway Loop (@ Fern Hill Baptist Ch.) .7mi on left S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 8 SECTION OR BLOCK NO. 15

House ( ) Mobile Home (DW) Business ( ) Other _____

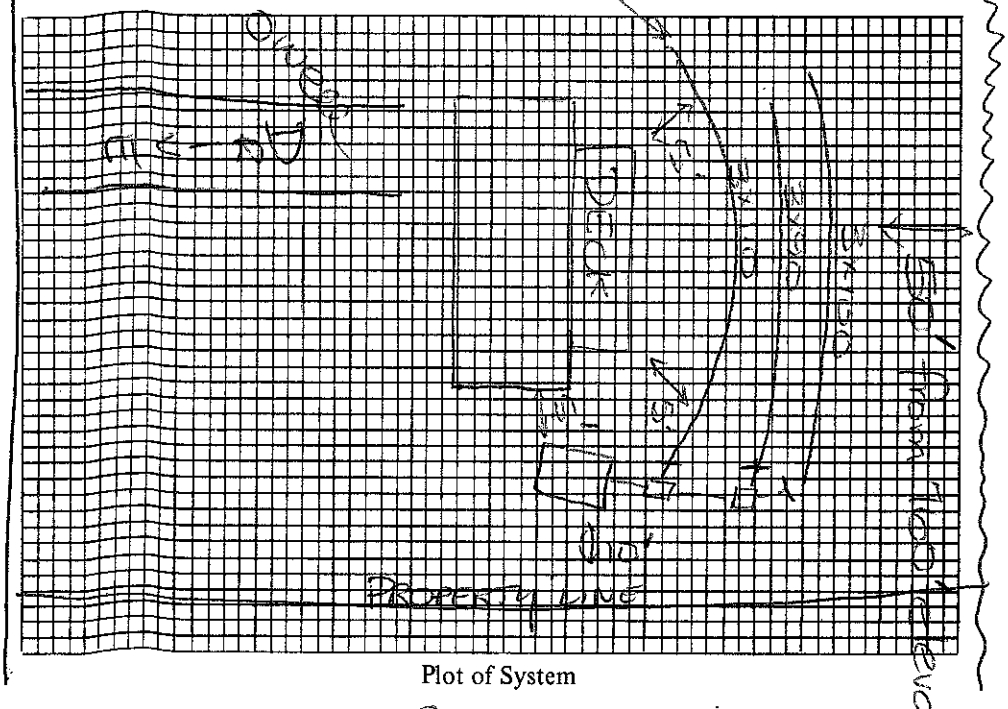
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes ( )	No (✓)	

Character & Porosity of Soil Clayey
Percolation Rate .4 gpd/ft²
Topography Hilly
Depth to Water Table 4'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrea C. Pierce, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Pierce, R.S. DATE 7/10/89

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