IREDELL COUNTY HEALTH DEPARTMENT 4000 4e4e7e6e7

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

OWNER OR CONTRACTOR Edward R White DATE 3/21/84 PERMIT NO. 65

PHONE: Business _____ Home _____

LOCATION 1109 TR 1190 1/4 mile on R

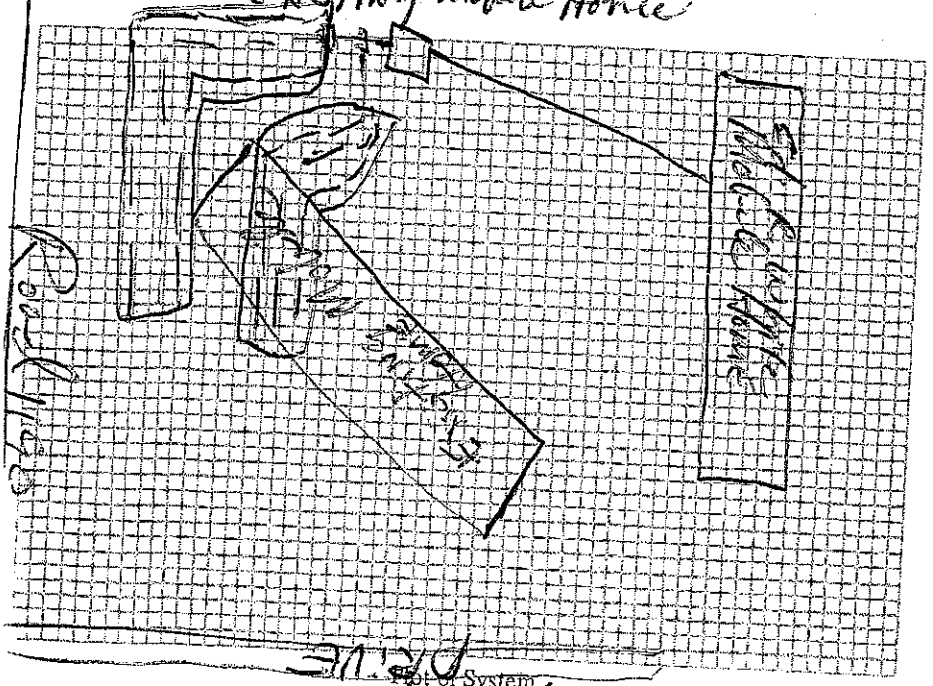
SUBDIVISION NAME James Mills Property LOT NO. 2 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate _____
Auto. Wash. Machine	Yes (X)	No ( )	Topography Existing
Site Suitable	Yes (X)	No (of Lot)	Depth to Water Table _____
~~Lot Area~~ 20,000 Sq Ft			~~Rock or other impervious formations~~ System

EXISTING Mobile Home



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1384 Linear Ft. 510
Depth of Stone in Lines _____

Water Supply: Individual (X)
Public ( )

7-12-74

Installed by _____

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

Signed: _____

System checked 7-12-74 by J. C. Moore

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Existing System working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmons DATE 3/21/84

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