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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 Melvin E. Mills DATE 9/27/88 PERMIT NO. 21A

PHONE: Business _____ Home 664-1036

LOCATION 150 W. TL 1109 TR Sundown After road goes gravel 3rd on left on lake (Asphalt drive) S. R. No. _____

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

Tax# 2K-1-A-17 (Davidson)

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

moving in house had a 3 BR Mobile Home

No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil existing

Percolation Rate _____

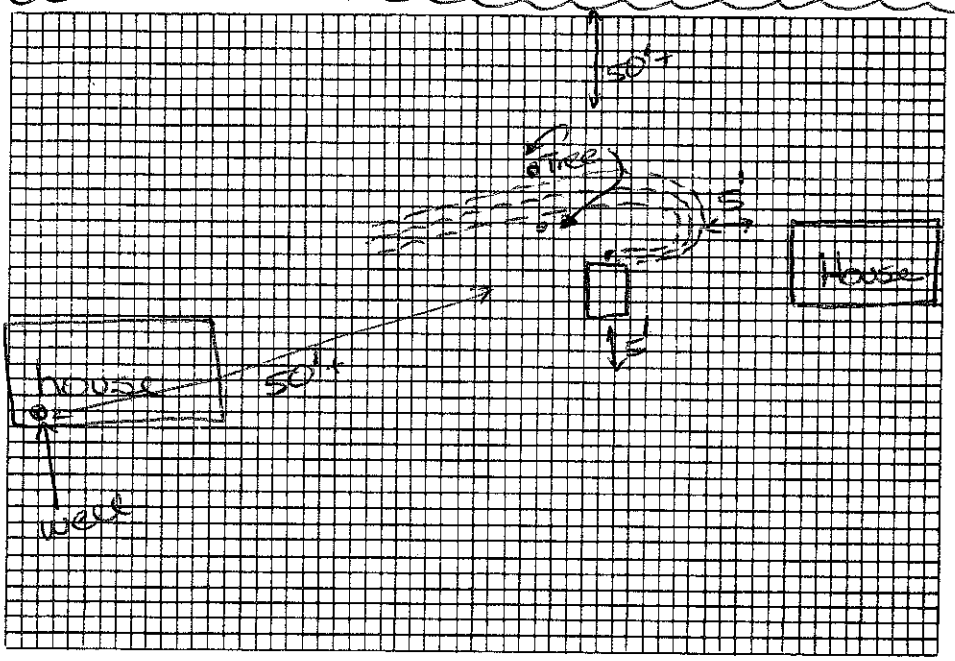
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage seen at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Pierce DATE 9/27/88

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