IREDELL COUNTY HEALTH DEPARTMENT 4646-96-2365

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

OWNER OR CONTRACTOR Arthur Helms DATE 9-14-84 PERMIT NO. 326

PHONE: Business _____ Home _____

LOCATION 215 TR on 1135 TR on Regal Oak TR ½ mile on curve before

SUBDIVISION NAME Regal Oaks S. R. No. _____

LOT NO. 15 & 16 SECTION OR BLOCK NO. _____

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

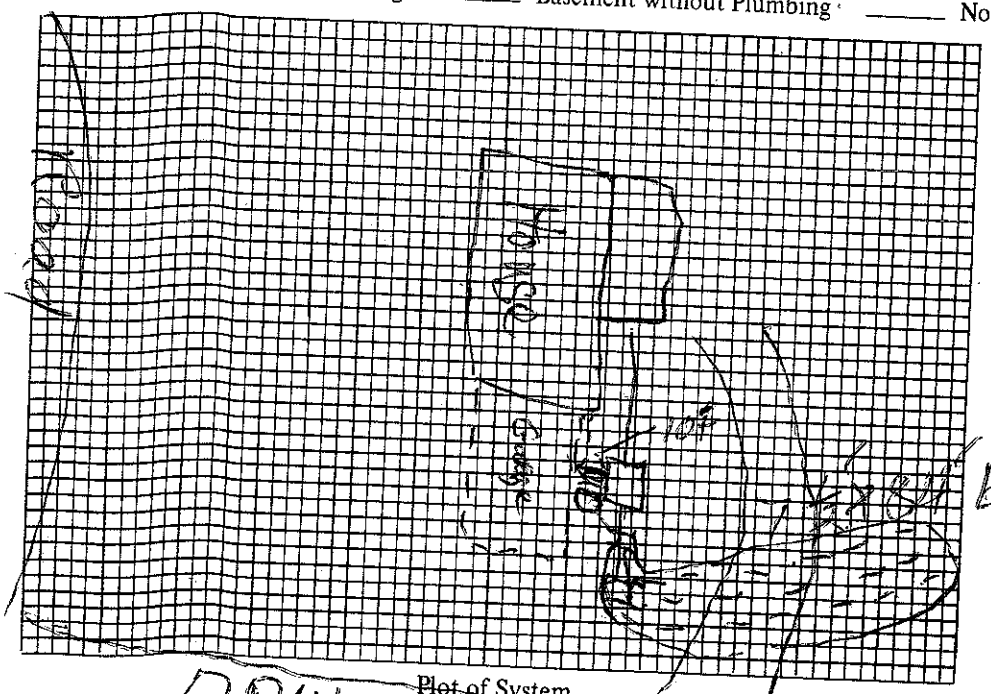
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 1 acre

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING Gals.
Nitrification Field: EXISTING
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: _____

DRIVE

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE 9-14-84

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