IREDELL COUNTY HEALTH DEPARTMENT 4654-27-8523

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

OWNER OR CONTRACTOR Herbert Tennants DATE 8-16-84 PERMIT NO. 275

PHONE: Business _____ Home _____

LOCATION 115 S straight at after passing the Korner Pub

_____ S. R. No. _____

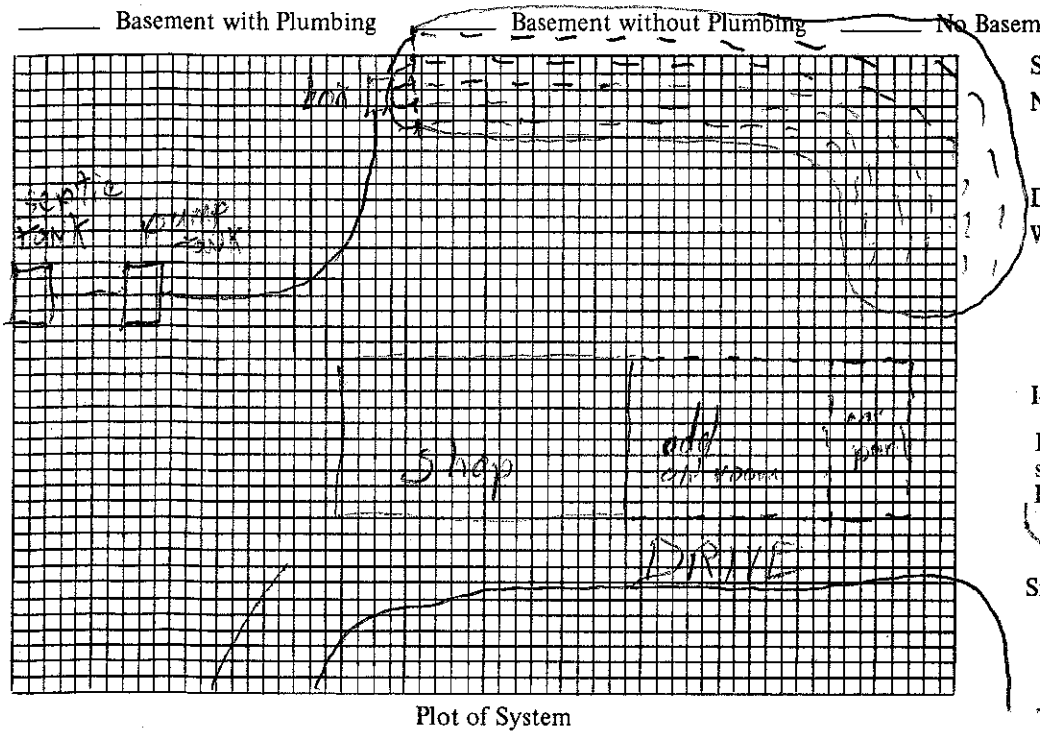
SUBDIVISION NAME _____ LOT NO. 3 SECTION OR BLOCK NO. _____

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

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

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

1000 gal pump

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
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 FAC

COMMENTS: Existing System working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 8-16-84

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