4654-77-9480

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 Alyce Walker Realtors DATE April 29, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 155 to 1138 R into Anderson Downs Bear Rt on Rt _____ S. R. No. _____

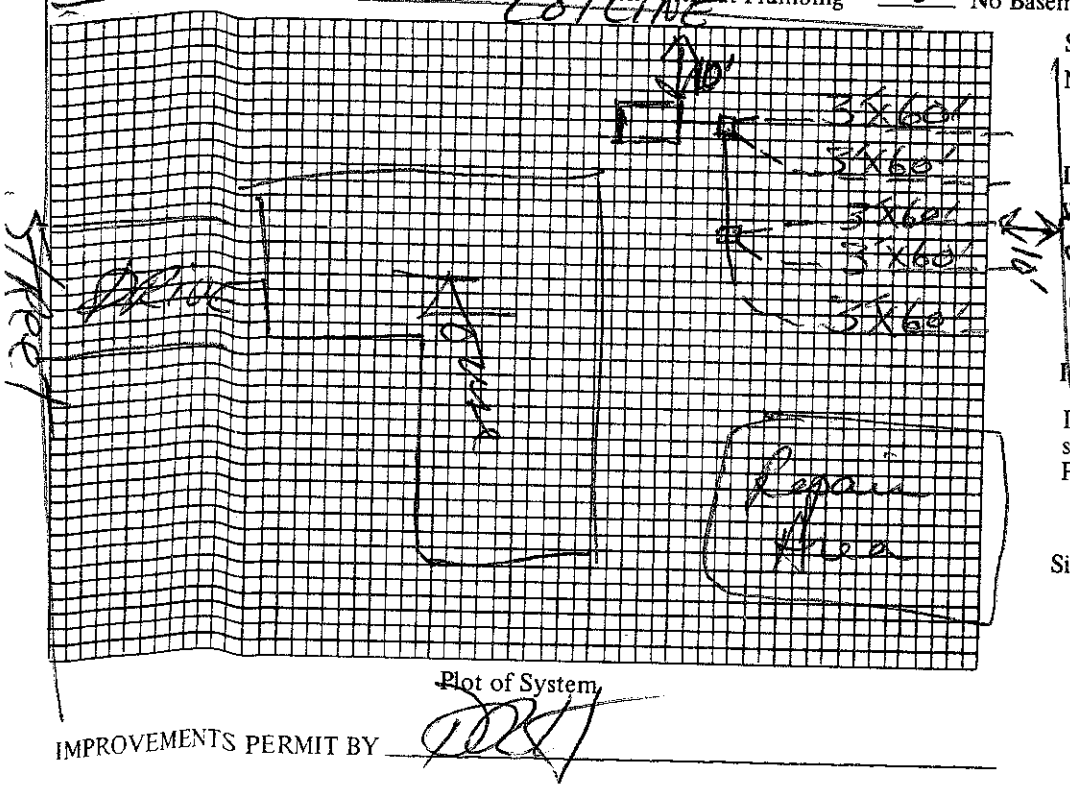
SUBDIVISION NAME Anderson Downs LOT NO. 106 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2, 4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2	
Site ~~Suitable~~ B	Yes (✓)	No ( )	Depth to Water Table	6'	
Lot Area 20000 sq ft			Rock or other impervious formations	none obs.	

_____ Basement with Plumbing _____ ~~Basement without Plumbing~~ ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Mike Seazer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Hinson REHS DATE 4-29-88

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