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 Steve Chastin DATE 9-26-85 PERMIT NO. 423

PHONE: Business _____ Home _____

LOCATION 1155 TR 1223 TR 1224 100yds on left

S. R. No. _____

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

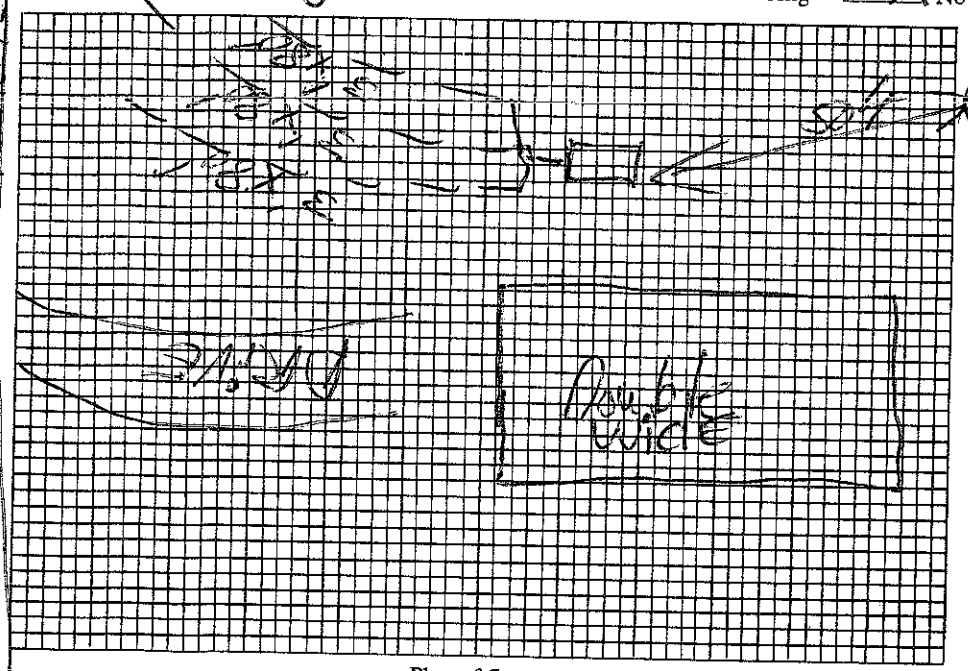
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	EXISTING	
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table	System	
Lot Area EXISTING			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Added 12-24



Plot of System

Size of Tank 1000 EXISTING Gals.

Nitrification Field: X

No. of Lines 3

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual X

Public ( )

4-16-81

Installed by T. L. Ervin

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

Signed: _____

System checked by David Hanson 4-16-81

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: System working OK At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 9-26-85

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