4655-80-3424

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 Fred C. Wright DATE 5-31-85 PERMIT NO. 211

PHONE: Business ________ Home ________

LOCATION 115 S TL 1137 TR before Midway dirt street Craft barn BR at pavement at end on left S. R. No. ________

SUBDIVISION NAME Wright Estates LOT NO. 1 SECTION OR BLOCK NO. ________

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

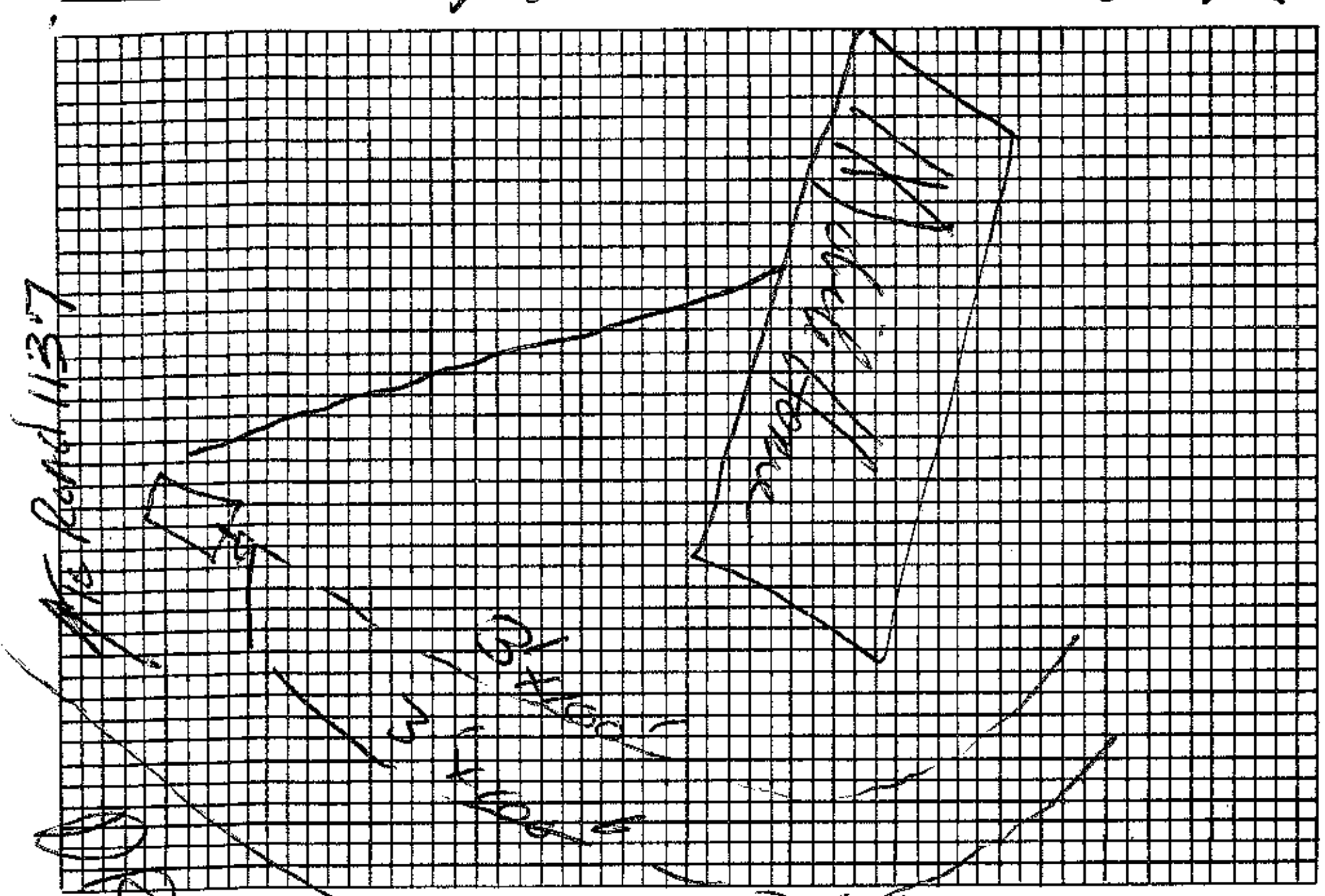
No. Bedrooms 2 No. Bathrooms 2

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

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

Lot Area Existing

____ Basement with Plumbing ____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: 2 Existing
No. of Lines 2 Existing
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by ________

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

Signed: ________

System checked by John Houston 1979

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY ________ DATE ________

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 5-31-85

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