Renter 1403

4656432151

Fran Lowder

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 Billy Miller DATE April 27, 1990 PERMIT NO. ID-1A-B-43

PHONE: Business _____ Home _____

LOCATION Mackwood Dr. (1128) 1st MH Park on left after turning off 1155 S. R. No. _____

SUBDIVISION NAME Miller MHP LOT NO. 1 SECTION OR BLOCK NO. _____

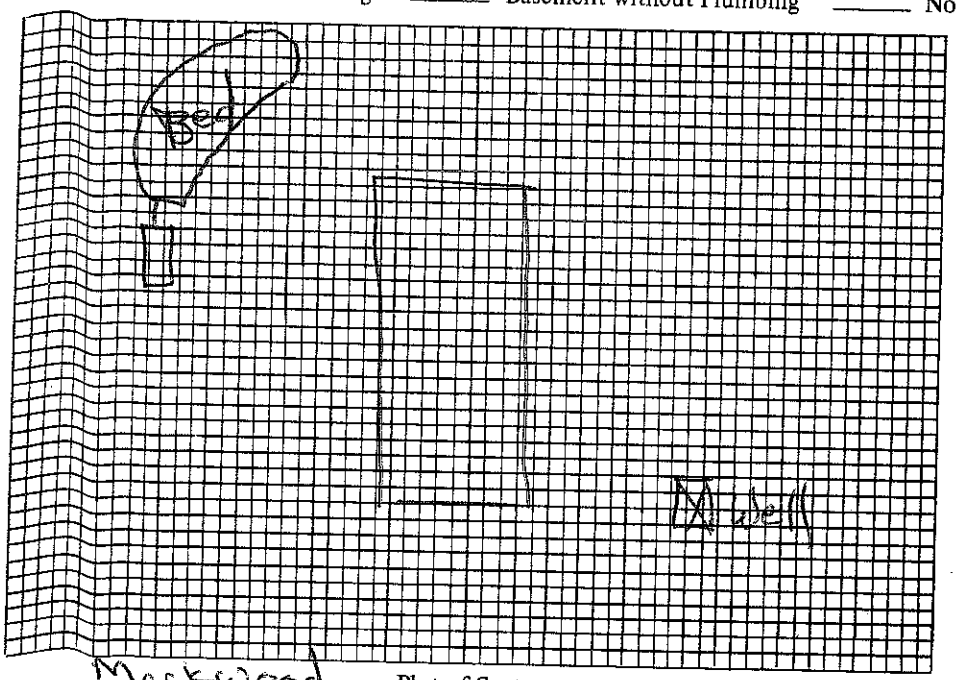
House ( ) Mobile Home (✓) Business ( ) Other Existing

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area _____

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



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
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: Fran Lowder

IMPROVEMENTS PERMIT BY _____

COMMENTS: At the time of inspection system appears to be functioning properly due to no effluent noted on the surface of the ground.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EH S DATE 4/27/90

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