IREDELL COUNTY HEALTH DEPARTMENT 4666-53-0755

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

OWNER OR CONTRACTOR SOUTHERN CONSTRUCTORS DATE July 27, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Fieldstone, TL Heatherly, TL Stoneycrest, House on R. at The Cul-de-Sac S. R. No. _____

SUBDIVISION NAME Stoneycrest White Oaks LOT NO. 5 SECTION OR BLOCK NO. G

House (✓) Mobile Home ( ) Business ( ) Other lift to municipal sewer

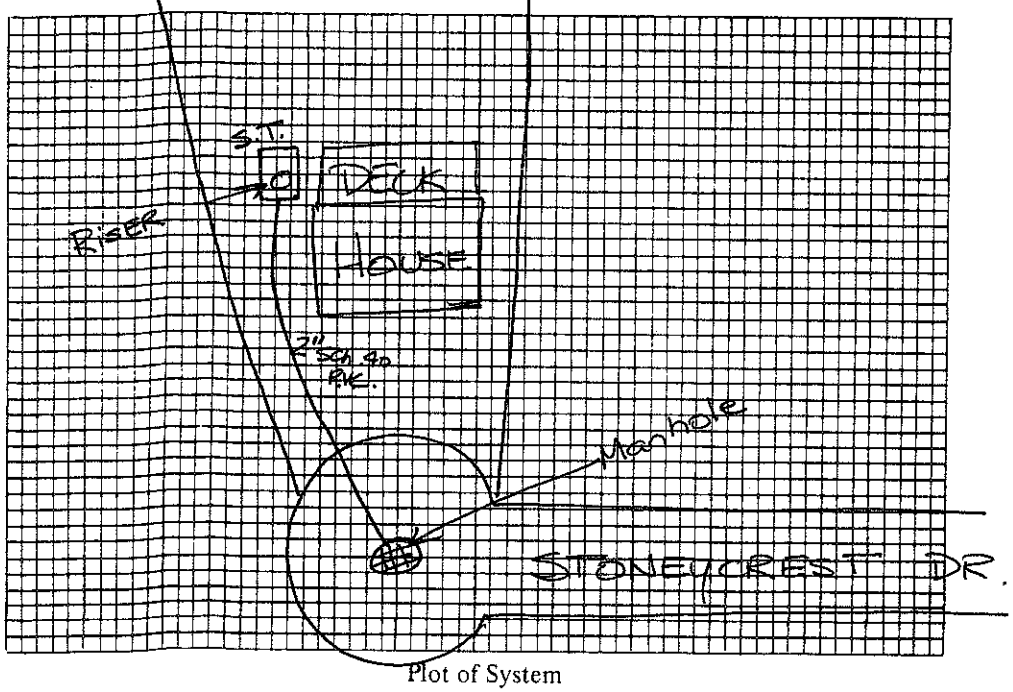
No. Bedrooms 4 No. Bathrooms 3

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography N. A.
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 1500 Gals.
Nitrification Field:
No. of Lines N.A.
Sq. Ft. X Linear Ft. X
Depth of Stone in Lines X
Water Supply: Individual ( )
Public (✓)
MOORESVILLE

Installed by SOUTHERN CONST.

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sheets, R.S.

COMMENTS: Alarm cked today. pump checked previously. Andre Reid

CERTIFICATE OF COMPLETION BY Andre C. Reid DATE July 27, 1988

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