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 Micheal E. Mills DATE 8-12-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 801 N. TR Sardis Rd. at end of paved Rd. bear left on private road ~ 1/4 mi @ end. S. R. No. _____

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

Future temporary

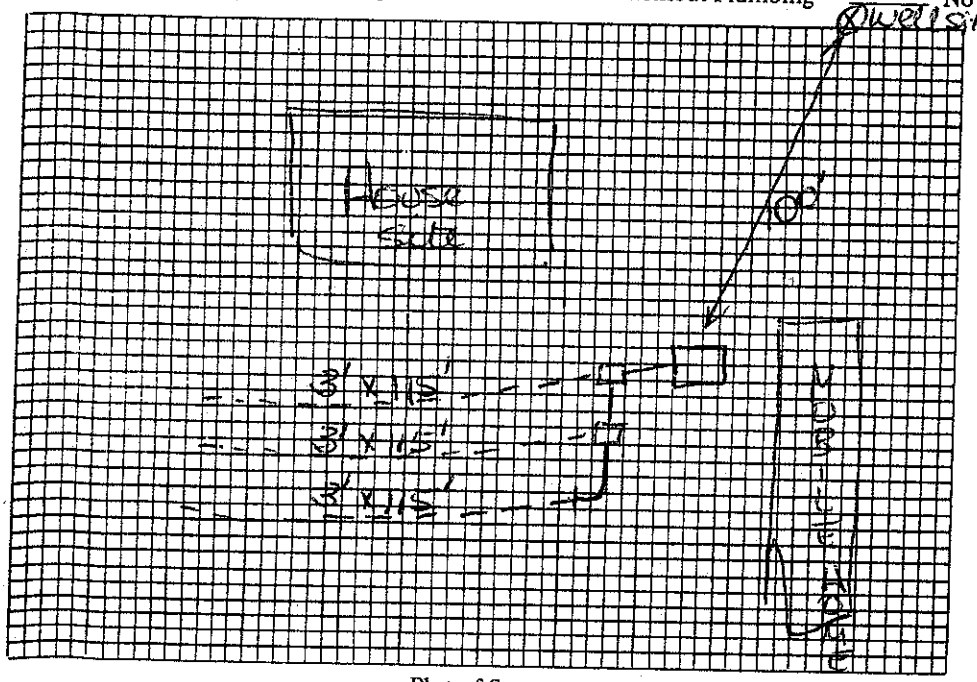
House (✓) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~ 35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	some scattered rock

Lot Area 5.79

_____ Basement with Plumbing _____ Basement without Plumbing MOBILE HOME ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1029 Linear Ft. 343
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY D.B Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 8-12-87

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