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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 George Barnes (applicant Perry Dillard) DATE 3-27-84 PERMIT NO. 77

PHONE: Business _____ Home _____

LOCATION 2393 TR 2383 TL2393 (Ginger lane)

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)

Auto. Dishwasher ~~Yes (X)~~ ~~No~~ ( )

Auto. Wash. Machine Yes (X) No

Site Suitable Yes (X) No ( )

Lot Area _____

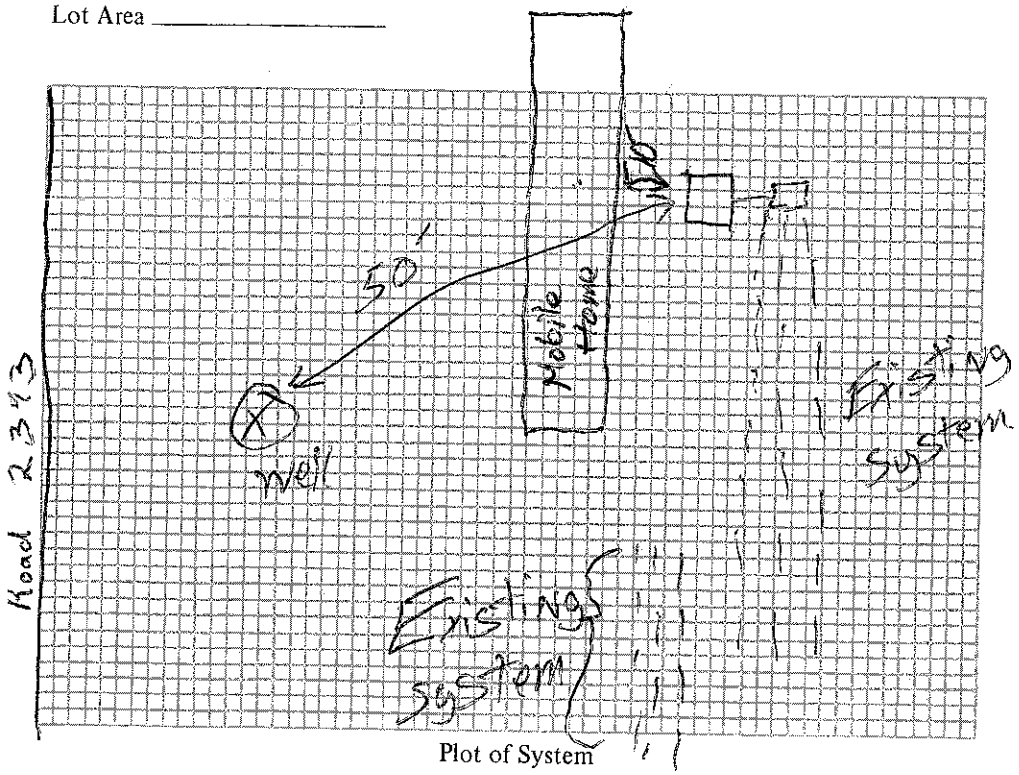
Character & Porosity of Soil _____

Percolation Rate Existing System

Topography ~~_____~~

Depth to Water Table 15'

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field: System

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson (lay out)

COMMENTS: Existing working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 3-27-84

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