IREDELL COUNTY HEALTH DEPARTMENT 467632 5368

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Allen Warlick DATE 3-28-83 PERMIT NO. 252

PHONE: Business _____ Home _____

LOCATION 1505 1st house on R past junction W/R 1149 (Williford Road)

SUBDIVISION NAME Quail Run S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other 24x30' GARAGE - No plumbing

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 Existing		

Character & Porosity of Soil Existing

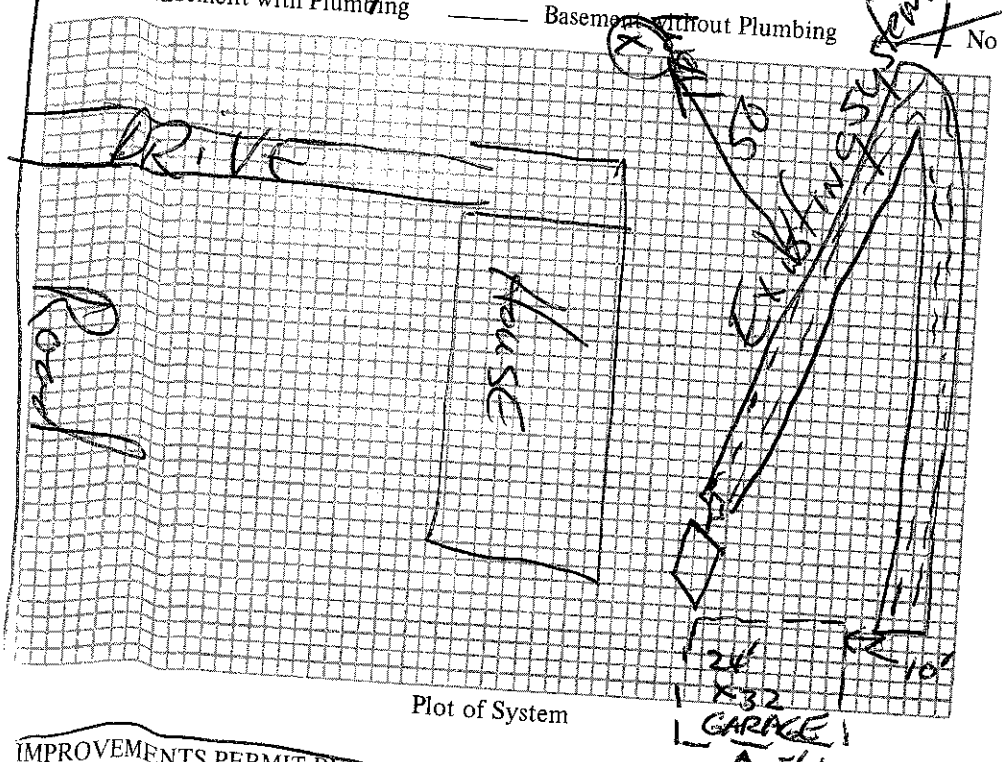
Percolation Rate _____

Topography System

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

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 _____

COMMENTS: Existing System working ok at date of inspection. Do not drive over system; keep foundation wall at least 10' from any part of sewage system

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 3-28-83

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