4677-68-5249.107

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 James Kipka DATE 12-15-80 PERMIT NO. 368

PHONE: Business _____ Home _____

LOCATION 150 Bypass, East past point where 152E splits off ¼ Mile on left S. R. No. _____

SUBDIVISION NAME D & F MHP LOT NO. _____ SECTION OR BLOCK NO. _____

Site Address: 107 Cricklewood Ln - MVL

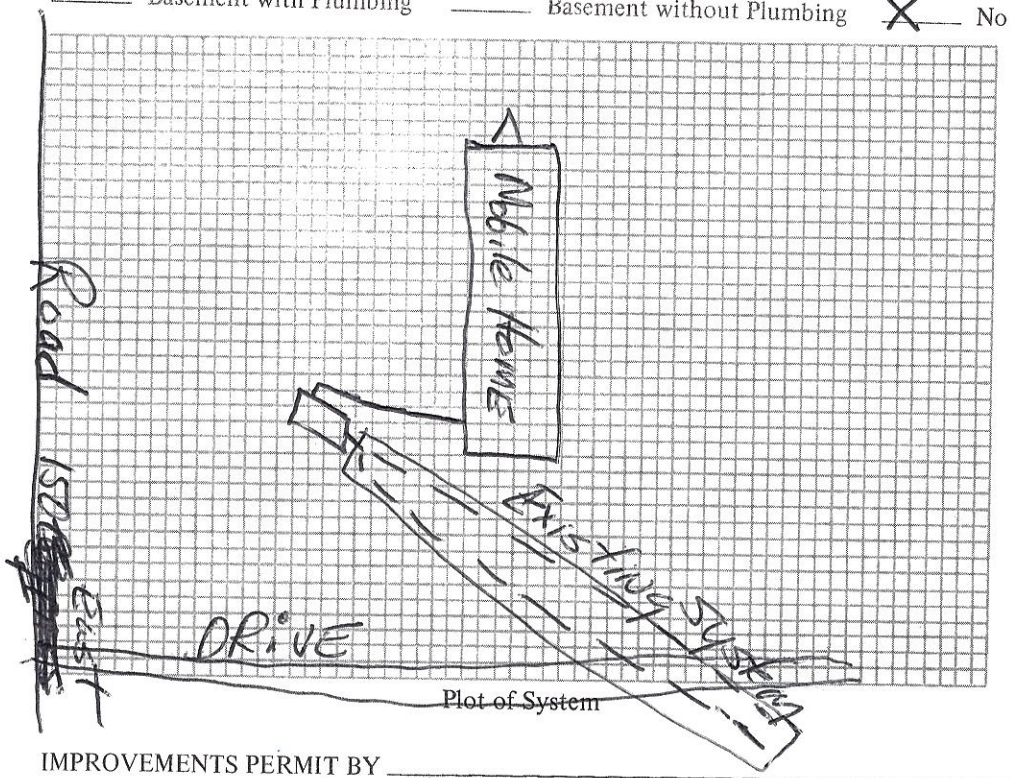
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area Acreage

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 560 Linear Ft. 225
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public ( )
well next door

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
OWNER should not drive over system

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 12-15-80

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