IREDELL COUNTY HEALTH DEPARTMENT 4677-89-3803

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

OWNER OR CONTRACTOR Bobby Tollert DATE 6-23-83 PERMIT NO. 210

PHONE: Business _____ Home _____

LOCATION 150 E TR 2nd road into Powers Estates 1st lot on left

SUBDIVISION NAME Powers Estates S. R. No. _____

LOT NO. 44 SECTION OR BLOCK NO. 4

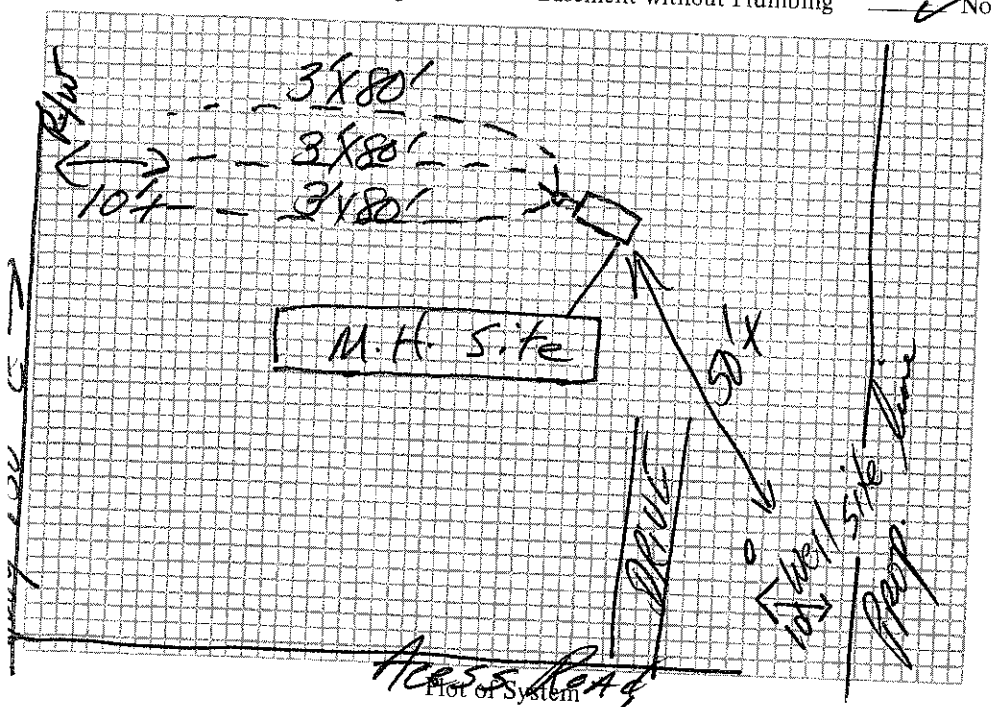
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Loamy Sm.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 5 min/inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'+

Lot Area 20000 ft² Rock or other impervious formations None Obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Cline & Gilbert

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: David A. Henson, R.S. DATE 6-23-83

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