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 [illegible] DATE 7-3-89 PERMIT NO. 13-B

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W Just past Oak Grove Church approx 1 mile TL on Marcus Rd Go to fork keep R 1st house on left S. R. No. _____

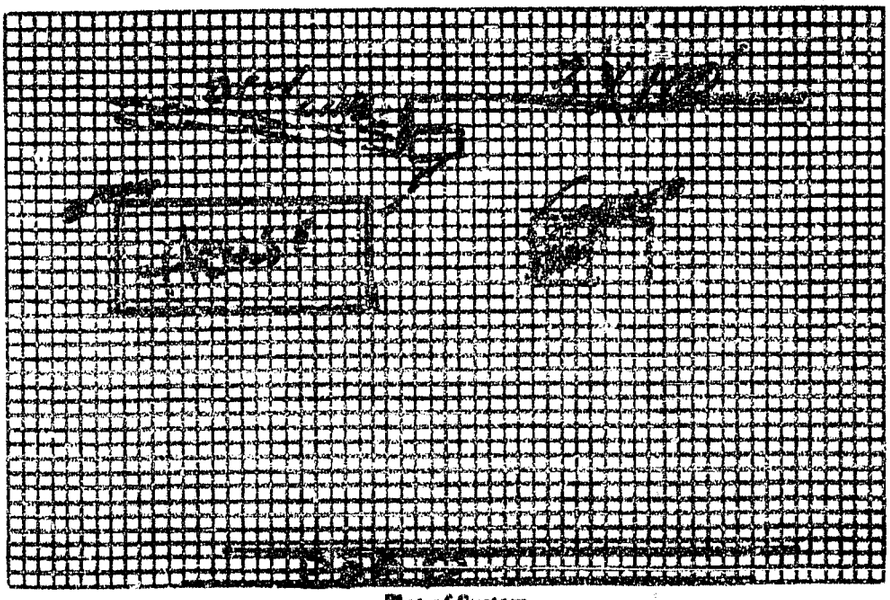
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 18"
Water Supply: Individual (✓)
Public ( )

Installed by [illegible] Enterprise

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE _____

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