IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

04813

OWNER OR CONTRACTOR Bayle Haught DATE 6/20/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Beulah Ch. Rd, TL to Stock Sm. Lk Rm, 1st entrance, 3rd on rt. from end. S. R. No. _____

SUBDIVISION NAME Stock Sm. Lk Rm LOT NO. 35 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil _____

Percolation Rate _____

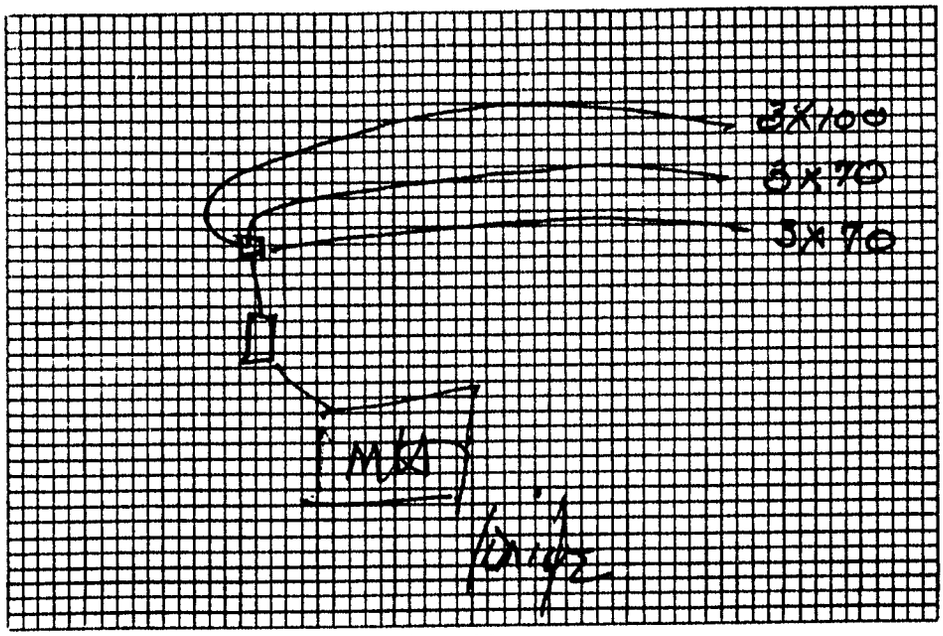
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ 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 18"

Water Supply: Individual ( )
Public (✓)

Installed by D. Baldwin

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

Signed: _____

IMPROVEMENTS PERMIT BY S. Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles D. Hinkle, RS. DATE 6/20/86

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