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 BENNY BUSTLE DATE 5-28-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north & Bradford Rds. - T.L. on Brady Lane - 5th house on left.

SUBDIVISION NAME _____ LOT NO. _____ S. R. NO. _____

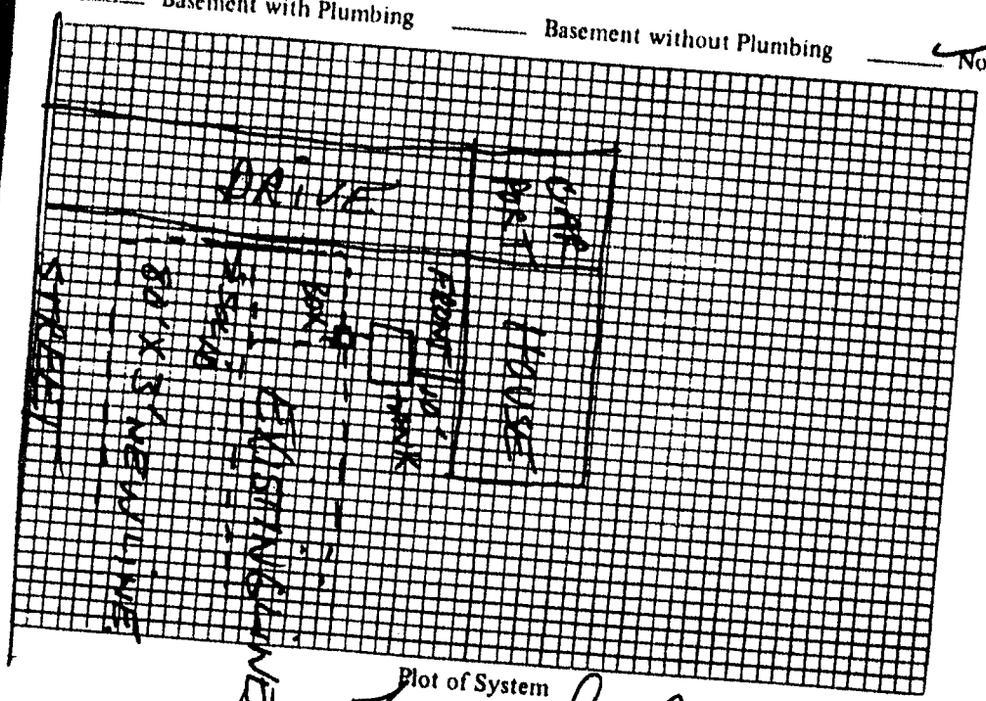
SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

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

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Wes Lytton

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry L. Pierce

COMMENTS: New tank installed, Dist. box set + tank pumped.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-28-86.

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