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 DORIS McNEELY DATE 4-3-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of I-40W - house on R just before S+S Upholstery (approx. ½ mi. from I-40W). S. R. No. _____

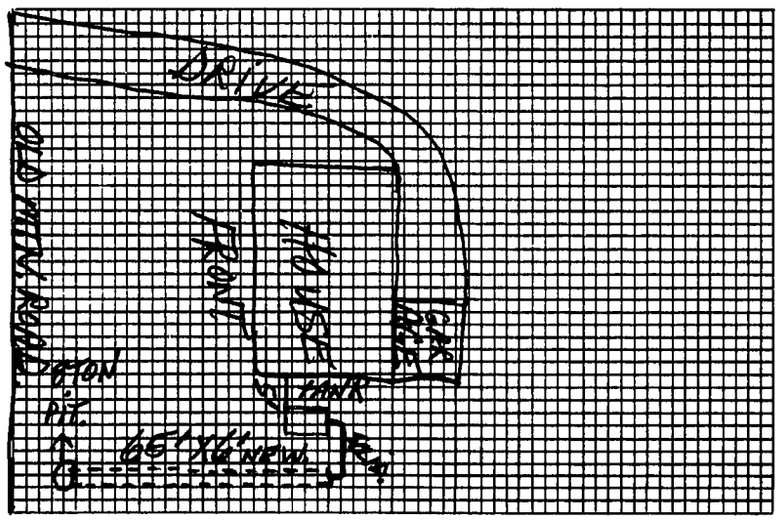
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

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

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 390 Linear Ft. 130
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)
Plus pit at end.

Installed by Barry Digman

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Old lines abandoned. New tee installed in tank. Plumbing fixtures need to be checked regularly for leaks. Water bills need to be monitored to determine any leaks.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-3-91.

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