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 PATIENT CARE SYSTEMS DATE 9-27-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 west, T.L. on Old Mtn. Rd., go across bridge - 2nd warehouse on left.

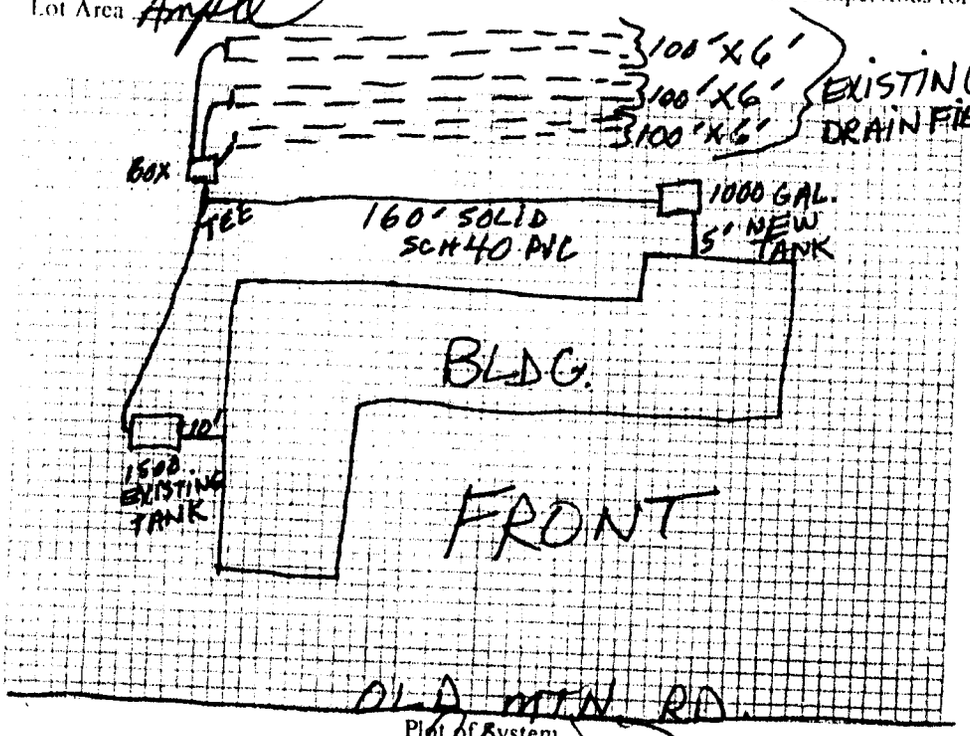
SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other ADDITION OF 2 TOILETS WITH NO INCREASE IN EMPLOYEES.

No. Bedrooms — No. Bathrooms 2

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



Plot of System

Size of Tank EXISTING 1500 Gals.

Nitrification Field
No. of Lines BUT ADDING 1000 GAL.
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines FOR
Water Supply: Individual ( ) 2 TOILETS.
Public (✓)

Installed by WES LYTTON

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: This permit takes place of Improvements permit issued on 9-20-82 as long as there is no employee increase. If employees are added, another Imp. permit must be obtained.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 9-27-83

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.

DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold