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 JAMES PESTLIN DATE 4-17-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Mooresville Dest Rd off old Statesville Rd. - 6th house on R. (just before dirt rd.) 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 ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography Repair
Depth to Water Table _____
Rock or other impervious formation _____

Lot Area Ample

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank EXISTING gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 360 Lgth. Ft. 120
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

PLUS 16 TON TRENCH AT END OF NEW LINE.

Installed by James Hudler

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Tank pumped & new line installed

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-17-90

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