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 JIM McCLELAND DATE 3-28-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - 2nd house on left past Carrier Air Conditioning Place in Taylorsville. S. R. No. _____

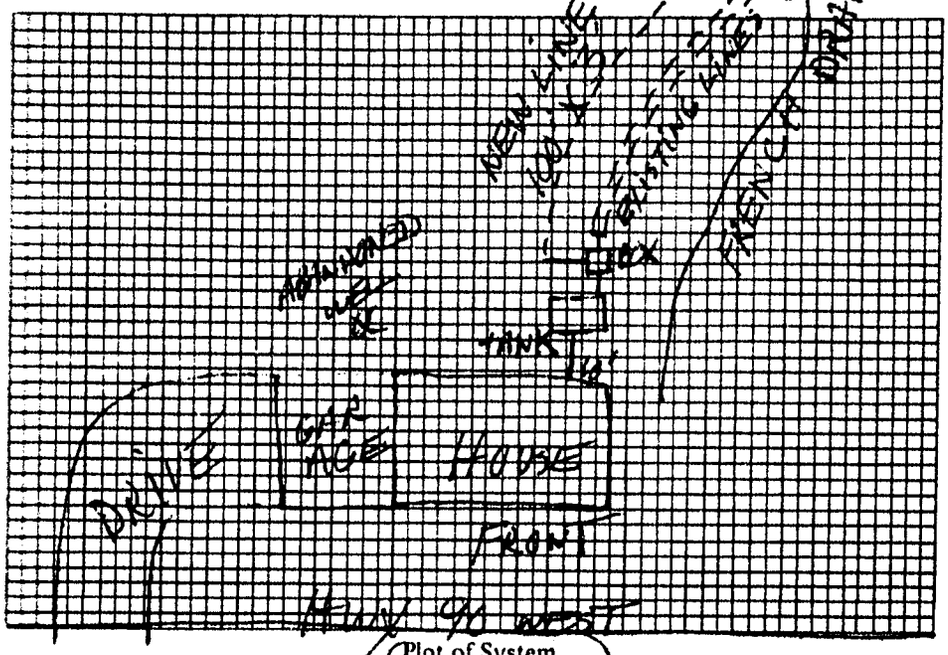
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (4) 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 (4) No ( )
Lot Area Ample

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field: 1
No. of Lines _____
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (4)
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: French drain installed around S.T. system & gutters piped into it. Existing lines feeding before new line because of slope. New box set & tile into drain lines. New tee placed in tank.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-28-85

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