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 U.S. Post Office, Scotts, NC DATE 2-31-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Via - Scotts - on R _____

_____ S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Post Office

No. Bedrooms Repair No. Bathrooms 1

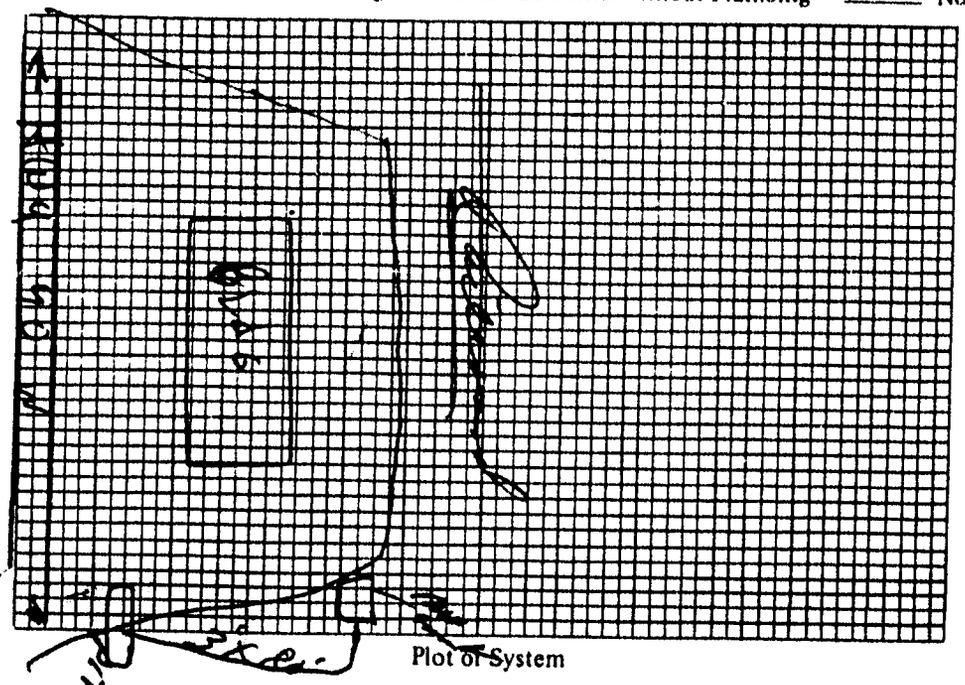
Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Installed New Tank



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 200 Linear Ft. 50
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (X)

Has 16 Ton Pit

Installed by _____

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

Signed: Jim Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Old Tank to be abandoned

CERTIFICATE OF COMPLETION BY _____ DATE _____

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