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 JERREL WARREN DATE 3-13-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W 2nd house on left past Odell Rd.

S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms 1 1/2 Lower Character & Porosity of Soil _____

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate _____

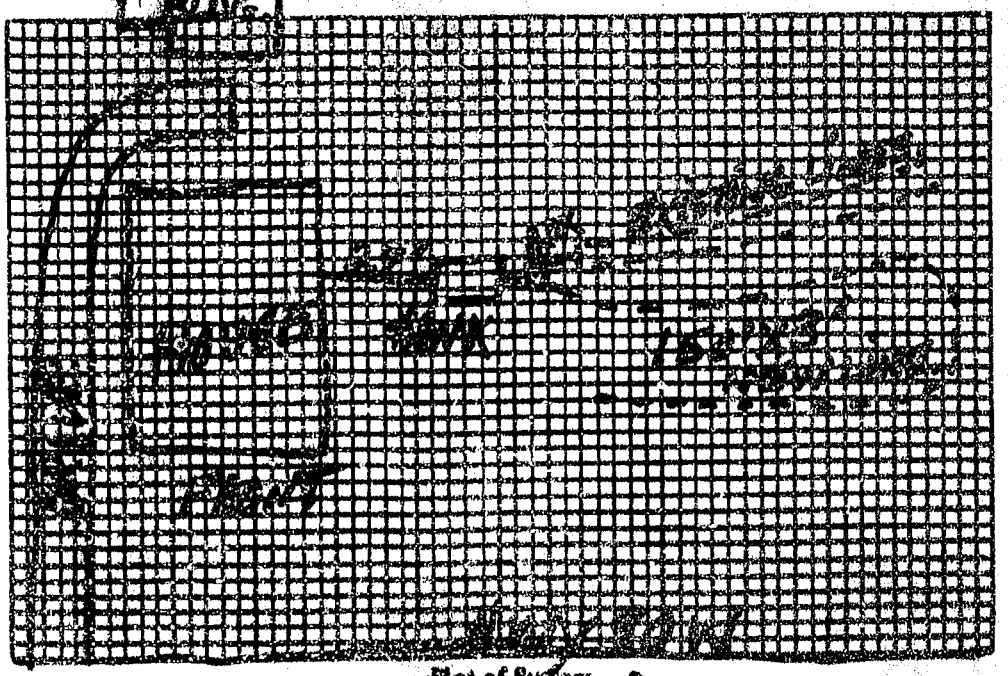
Auto. Dishwasher Yes ( ) No (✓) Topography EXISTING.

Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table _____

Site Suitable Yes (✓) No ( ) Rock or other impervious formations _____

Lot Area Acres.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Lineal Ft. 150
Depth of Stone in Lines 12 in

Water Supply: Individual ( )
Public (✓)

Installed by John Mercer

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Dist. box set. Old drain lines were crossed a couple of times.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-13-90

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