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 TED BLEFFERT DATE 3-22-91 PERMIT NO. _____

PHONE: Business _____ Home 704-528-6125

LOCATION Enter Spring Shore Dev. - go to Stop Sign + T.R. on Island View Rd. - 1st house on left. S. R. No. _____

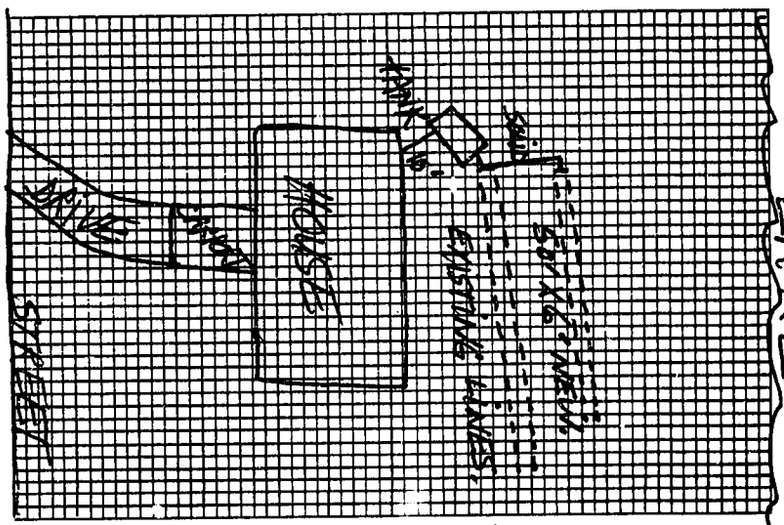
SUBDIVISION NAME SPRING SHORE. LOT NO. _____ SECTION OR BLOCK NO. _____

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 ( )
Lot Area EXISTING.

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

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank EXISTING. Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Lineal Ft. 100
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Barry Sigmon.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS Big tree removed.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-22-91.

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