199

IREDELL COUNTY HEALTH DEPARTMENT

11:00

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR SVEN SAALFELD DATE 6-6-84 PERMIT NO. _____

PHONE: Business _____ Home _____

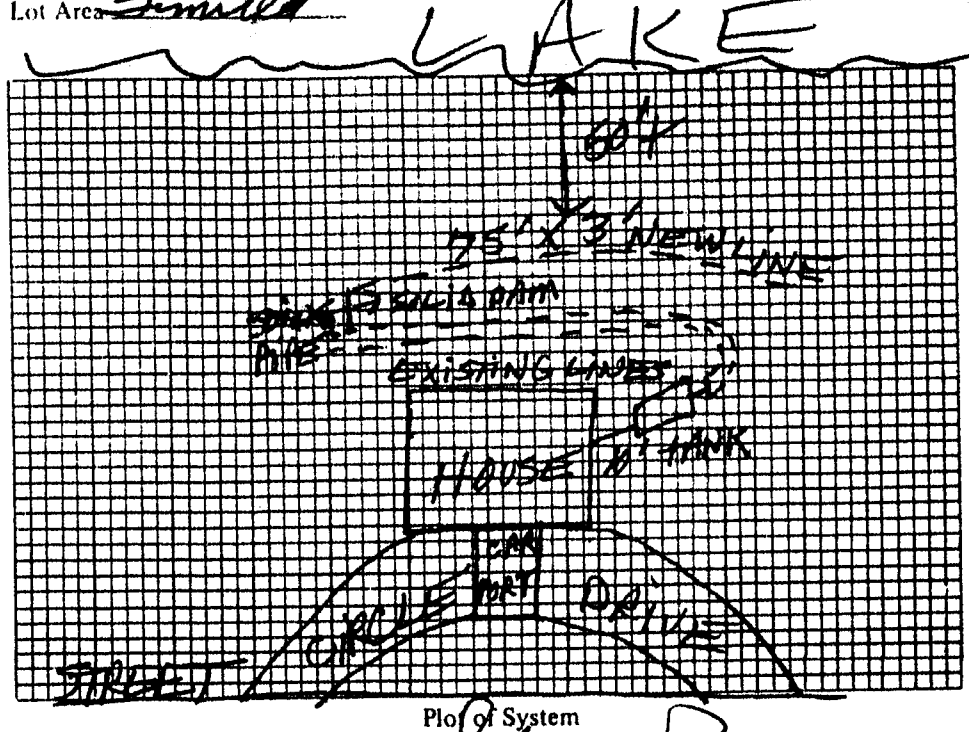
LOCATION Pineville Rd. of Buffalo Shoals Rd. go approx. 2 miles, enter Spring Shore Dev. go to end, T.R. at Stop Sign - Last house on left. R. No. _____

SUBDIVISION NAME SPRING SHORE DEV. LOT NO. 12 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Repair
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area Limited			Rock or other impervious formations	



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 225 Linear Ft. 75'
Depth of Stone in Lines 24"

Water Supply: Individual ( )
Public (✓)

Installed by J. C. Forsyth

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-6-84

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