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 Tommy FOSTER DATE 5-27-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Pinesville Rd. off Buffalo Shoals Rd. - T.R. into Spring Shore T.R. on 1st st. - T.L. on 1st st. - 3rd house on left. S. R. No. _____

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

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

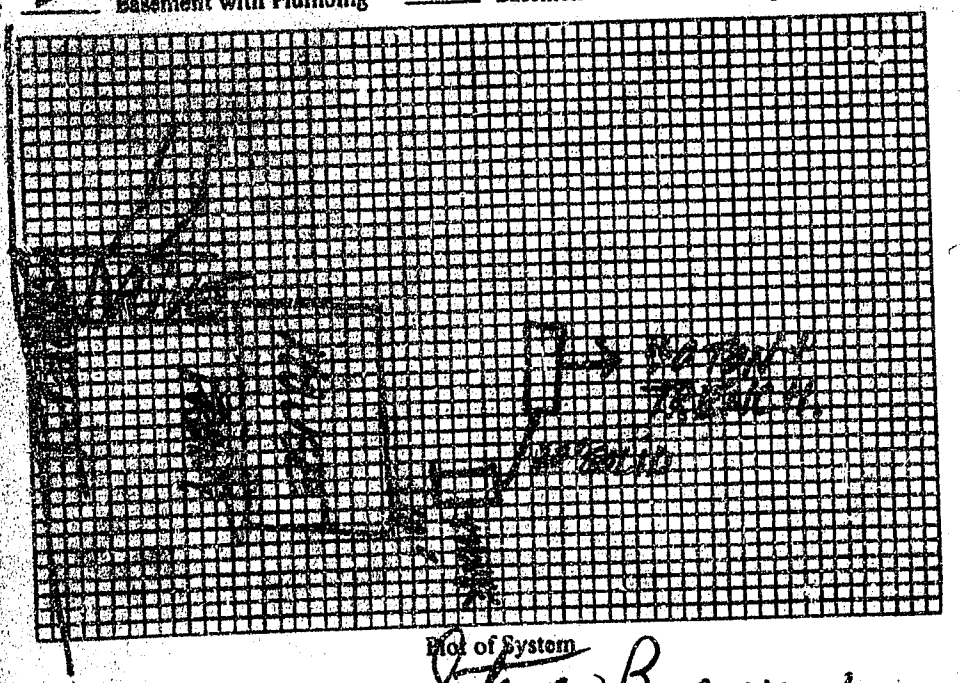
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area Ample

Character & Porosity of Soil _____
Percolation Rate _____
Topography Repair
Depth to Water Table _____
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 _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)
4 0 TON SUBSURFACE TRENCH INSTALLED.
Installed by Dennis Hobbies

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 5-27-88.

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