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 JOE TYSON DATE 4-25-91 PERMIT NO.

PHONE: Business Home

LOCATION Buffalo Shoals Rd. west - T.L. on Pineville Rd - go 2 miles - T.R. into dev. - 3rd house on R. 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

Depth to Water Table

Rock or other impervious formations

Repair.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement

Size of Tank EXISTING Gals.

Nitrification Field: 4

No. of Lines

Sq. Ft. 660 Linear Ft. 220

Depth of Stone in Lines 12"

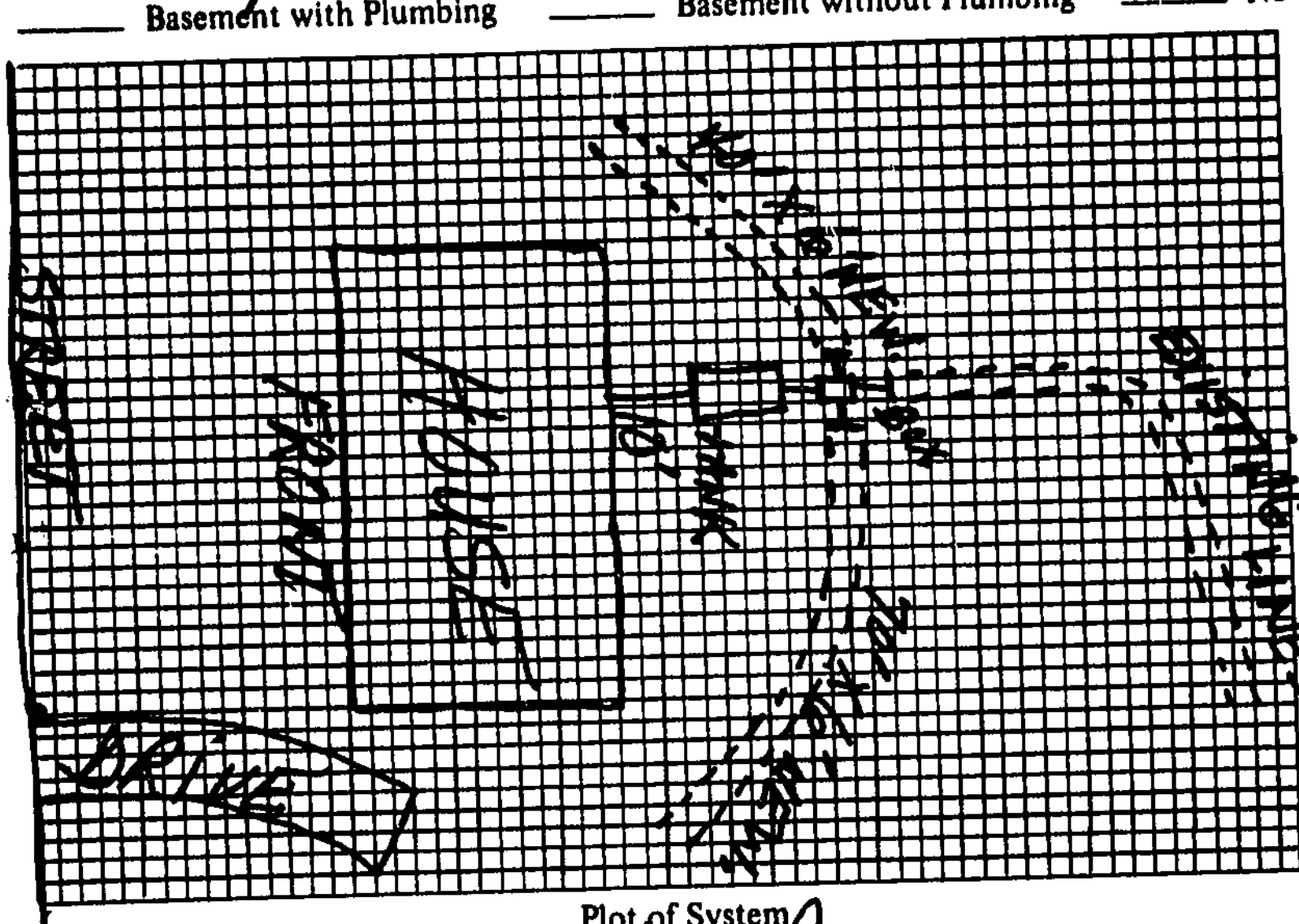
Water Supply: Individual ( )

Public (✓)

Installed by Dennis Galliher

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

Signed:



Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS:

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-25-91.

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