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 ANN KRESS DATE 11-7-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Lincolnville Rd off Buffalo Shoals Rd. - go approx. two miles + T.R. on dev. - 3rd on left _____ S. R. No. _____

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

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

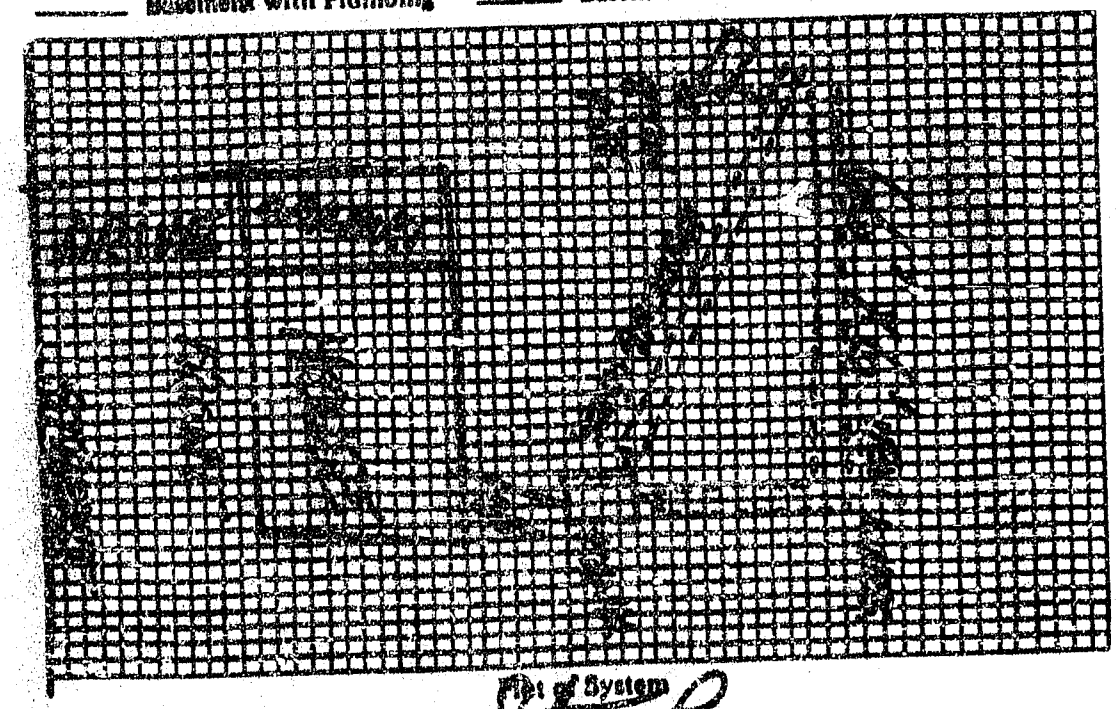
No. Bedrooms _____ No. Bathrooms _____

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



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 396 Lineal Ft. 132
Depth of Stone in Lines 12"
Water Supply: Individual ( ) Public
Plus 8 new pit at end of old lines
Installed by Donald Lackey

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: New tee installed in tank for new lines. Old lines cleaned out & tied to tank from existing T.E. & pipe installed at end of old lines.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-7-90.

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