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 B. W. STEWART DATE 4-19-89 PERMIT NO. 14C

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west - approx. ¾ mi. past Samuel Cove Rd on left.

S. R. No. _____

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

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

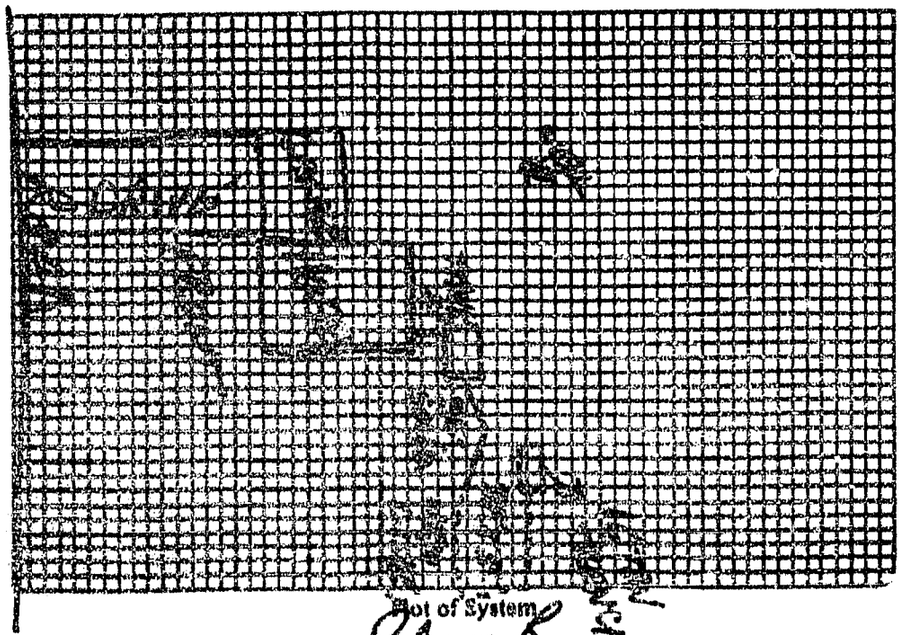
No. Bedrooms _____ No. Bathrooms _____

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 1 70'
Sq. Ft. 210 Linear Ft.
Depth of Stone in Liner 12
Water Supply: Individual (✓)
Public ( )
Plus 16 ten foot trench extend of drain lines

Installed by Barry Lignon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: old lines abandoned. Tie pump & new tee installed.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-19-89

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