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 Buck Gregory DATE 07-27-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd – 1/2 mi. before river on left

SUBDIVISION NAME _____ S. R. No. _____

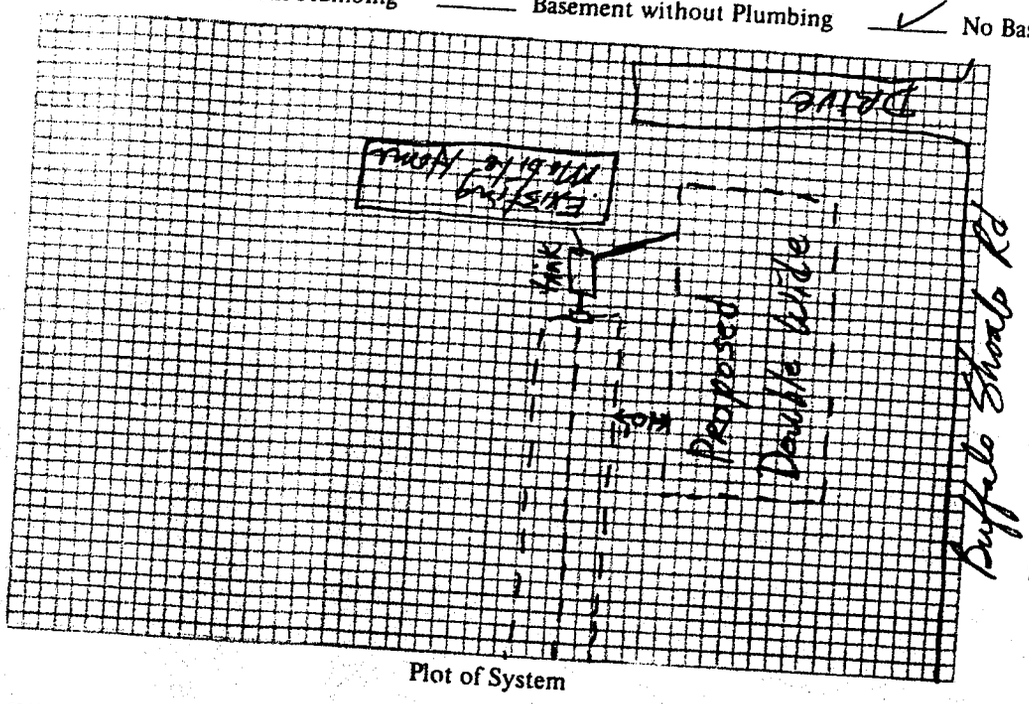
LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Double Wide

No. Bedrooms 3 No. Bathrooms 2

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

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Roger Bryson 05-0693

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing mobile home to be moved before connecting double wide. Keep new mobile home at least ten feet from tank and nitrification field. System functioning properly at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Jerry L Pierce DATE 07-27-83

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