## 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 JERRY & CLIFTON ISENHOUR DATE 4-17-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west past Eufola Rd. - T.L. on Stanleyranch Rd. - 2nd brick house on left.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

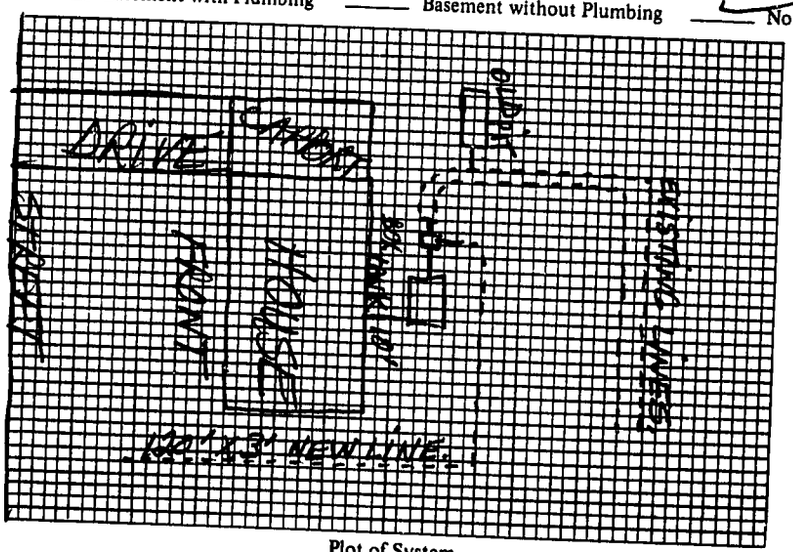
No. Bedrooms _____ No. Bathrooms _____

| | | |
|---|---|---|
| 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




Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines /
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Dist. box set.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-17-91

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