13552.

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 CHRIS A. DAVIDSON DATE 10-8-91. PERMIT NO. 30-A-38.

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west 1/8 mi. past Eufola Rd on (R) - Enter dirt st. - go 100 yards on (R). S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

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

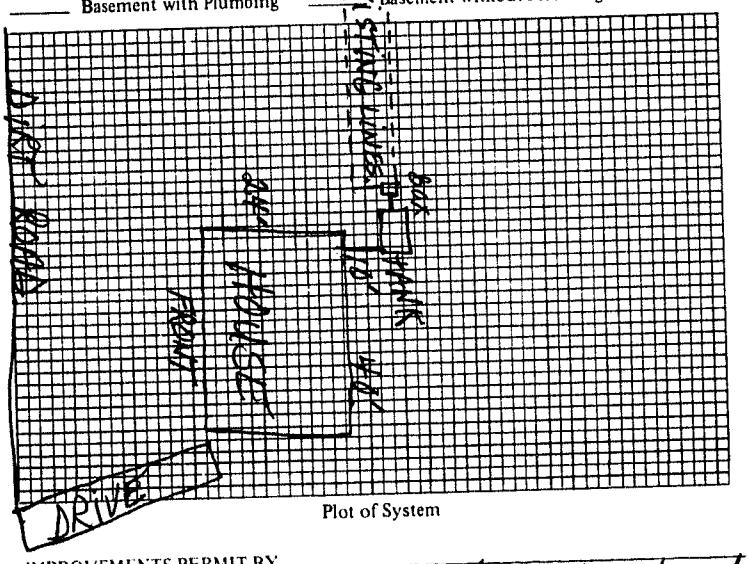
Lot Area 9.73 acres.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank EXISTING. Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection. Do not construct out over any part of septic tank system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 10-8-91.

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