# 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 LENUAL FORSYTH DATE 5-26-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 West to Mt. Oaks, T.R. on Old Mt. Rd. - 3/8 mi. on left. (1st house past Fonda Lane). S. R. No. _____

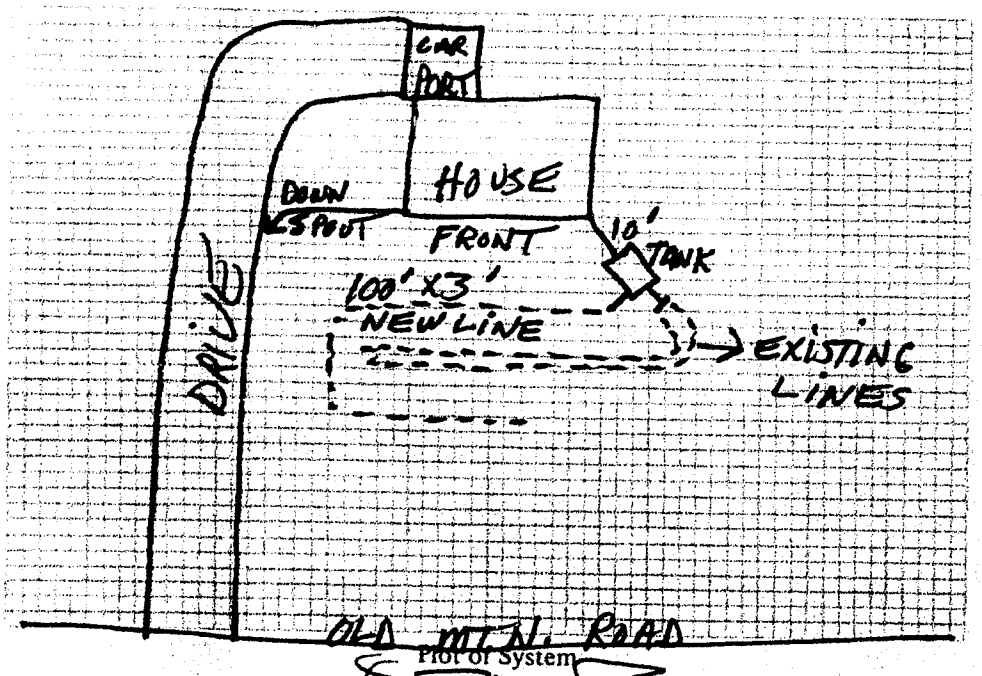
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

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

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Leo Sytton

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Downspout piped off.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-26-83

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