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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 BOBBY DEAL DATE 11-14-91. PERMIT NO. 8K-10-A-17.

PHONE: Business ______ Home ______

LOCATION Old Mtn. Rd. north of Kyles Xing - go 1.5 miles on left - Enter dev. + go to cul-de-sac on ®.

S. R. No. ______

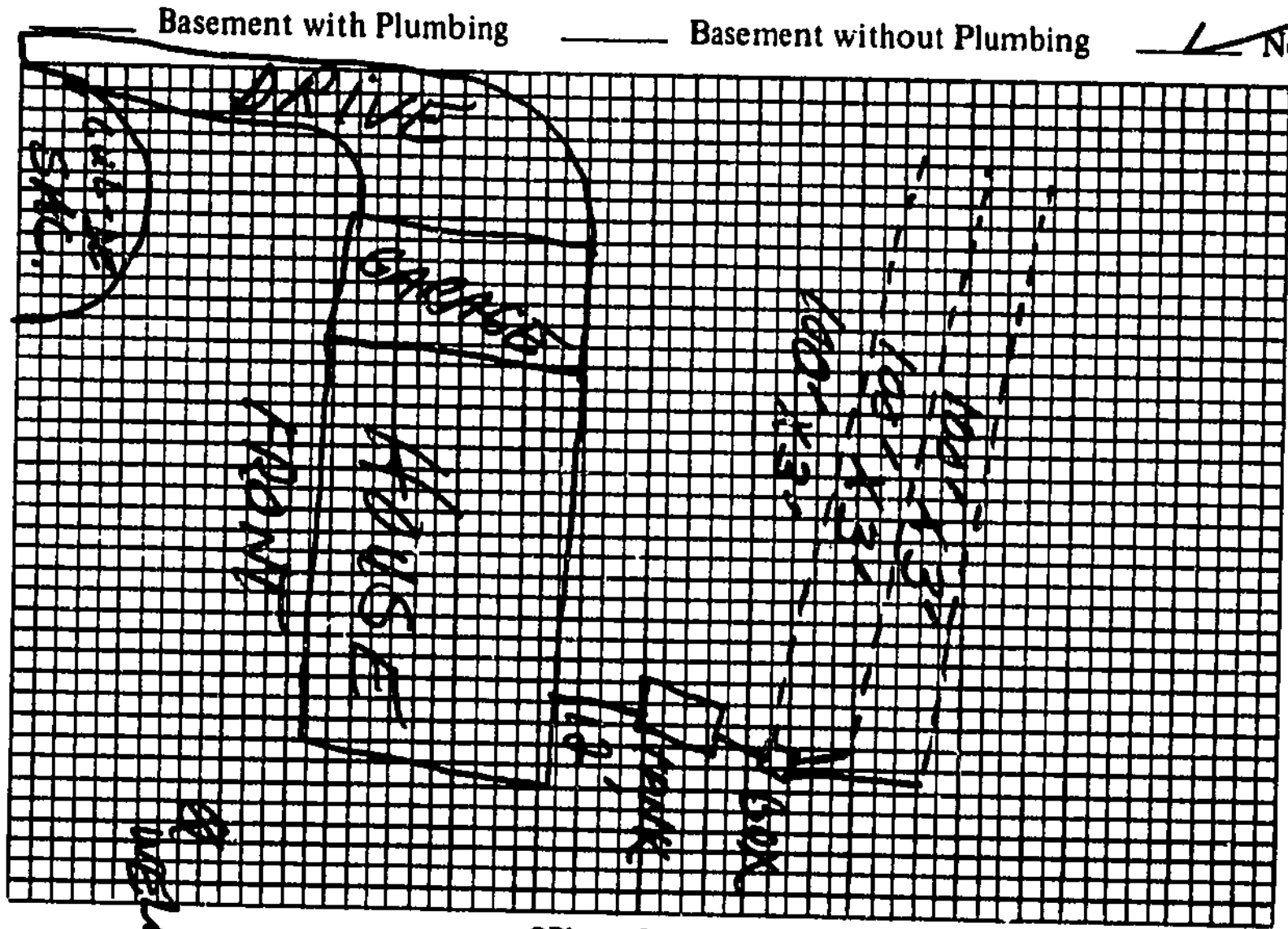
SUBDIVISION NAME WARREN ESTATES. LOT NO. 17. SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( ) No (✓)	Character & Porosity of Soil	Prov. Suitable.
Auto. Dishwasher	Yes (✓) No ( )	Percolation Rate	.4 gal./sq. ft.
Auto. Wash. Machine	Yes (✓) No ( )	Topography	2-6%
Site Suitable	Yes (✓) No ( )	Depth to Water Table	18'+
Lot Area 1.5 acres.		Rock or other impervious formations	none observed.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Harry Reep.

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

Signed: ______

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-14-91.

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