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 STARLING

PHONE: Business _____ Home _____ DATE 7-16-85. PERMIT NO. _____

LOCATION Celeste Estates off Allen Rd. - entry dwy. - 6th house on (L). 152 B on mailbox

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

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

No. Bedrooms 3 No. Bathrooms 2.5

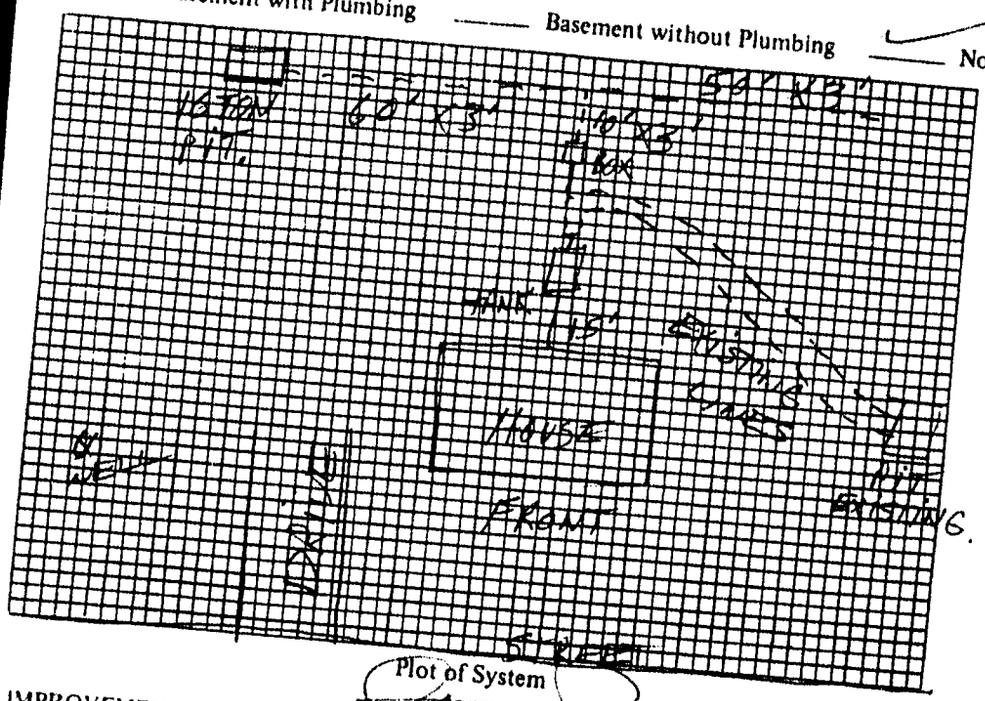
Garbage Disposal Unit	Yes (✓)	No ( )
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

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 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public ( )

Plus 16 ton pit at end of new line

Installed by AAH ENTERPRISES.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Seed grass over repair area. Cement pad under bsp.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-16-85.

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