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 CLAUDE ENGLAND DATE 5-19-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Island Ford Rd. Off Hwy 90, cross creek + past Conrad Church, go to top of hill, T.L. into gravel st. House on left down in woods. S. R. No. _____

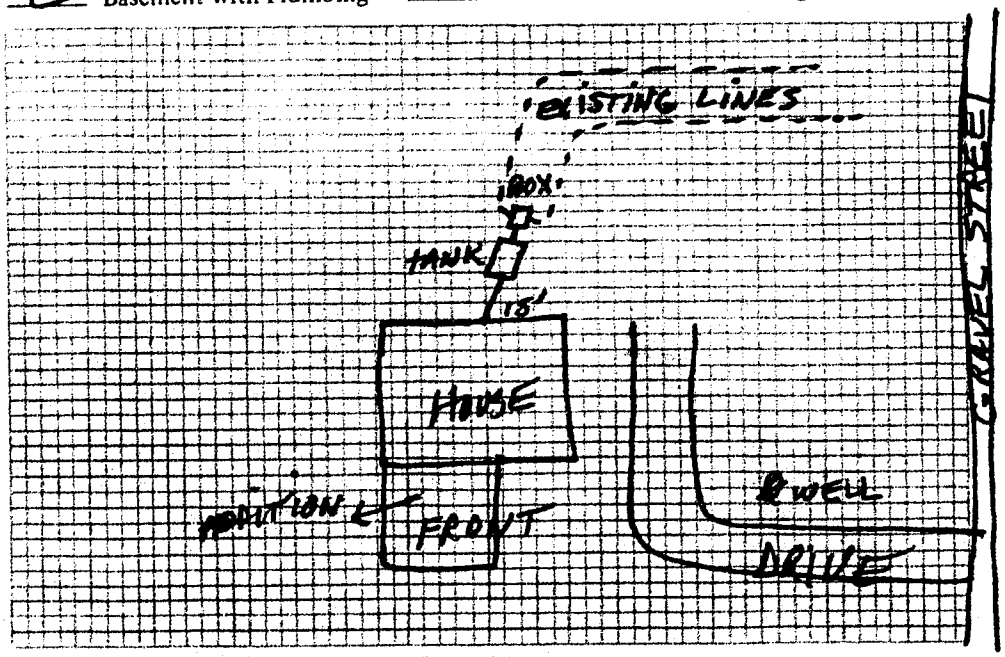
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition to basement house - original S.T. system designed to accomodate needs.

No. Bedrooms _____	No. Bathrooms _____		Character & Porosity of Soil _____	
Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate Existing S.T. system.	
Auto. Dishwasher	Yes ( )	No ( )	Topography _____	
Auto. Wash. Machine	Yes ( )	No (✓)	Depth to Water Table _____	
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations _____	

Lot Area Ample

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.

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

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing S.T. system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 5-19-83

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