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 LEON FOX

PHONE: Business _____ Home _____ DATE 7-9-85. PERMIT NO. _____

LOCATION Dyland Ford Rd. off Hwy 90 west - cross creek & house on R just before Command Baptist Church R.

SUBDIVISION NAME _____ S. R. No. _____

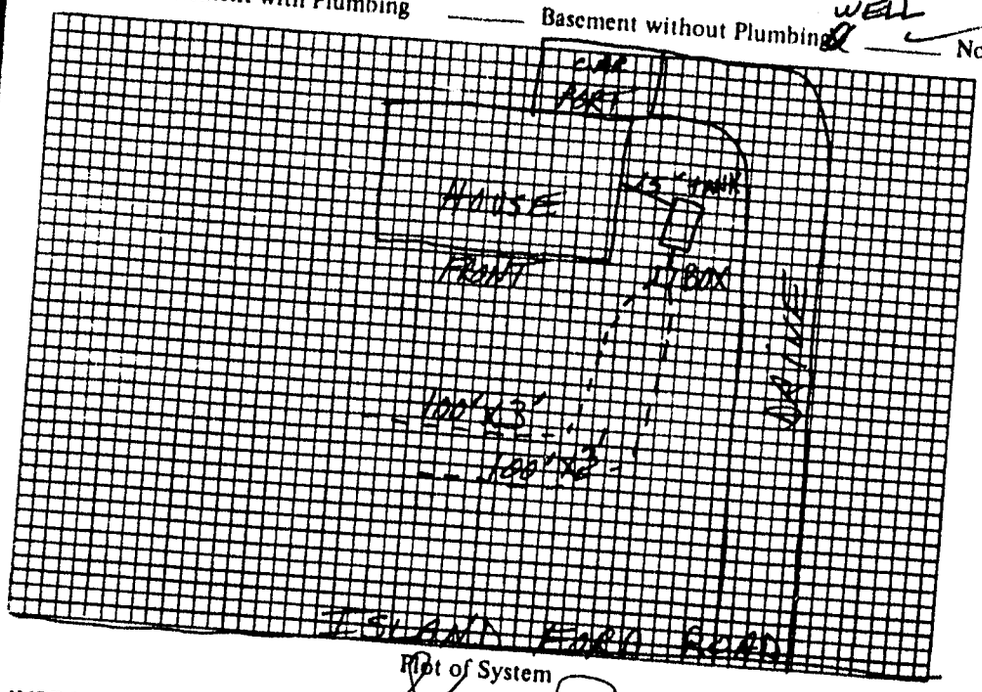
LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prev. Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 5 gal/sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 12' +
Lot Area Ample			Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 → OLD TANK. REPLACED Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( ) → going to public water.

Installed by Dean Alexander

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Old system abandoned completely because of roots in tank & lines & old block tank was weak & well is 55' from septic tank.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 7-9-85.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. _____ DATE _____

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