11811.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 8L-B-55
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR WILLARD AUTON DATE 8-1-90. PERMIT NO. 8L-B-55.

PHONE: Business ____ Home ____

LOCATION Gilbert Rd. off Hwy 70W - 1/2 mi. on left. S. R. No. ____

SUBDIVISION NAME ____ LOT NO. 3A. SECTION OR BLOCK NO. ____

House ( ) Mobile Home ( ) Business ( ) Other Addition & Accessory Storage Attached. - no plumbing.

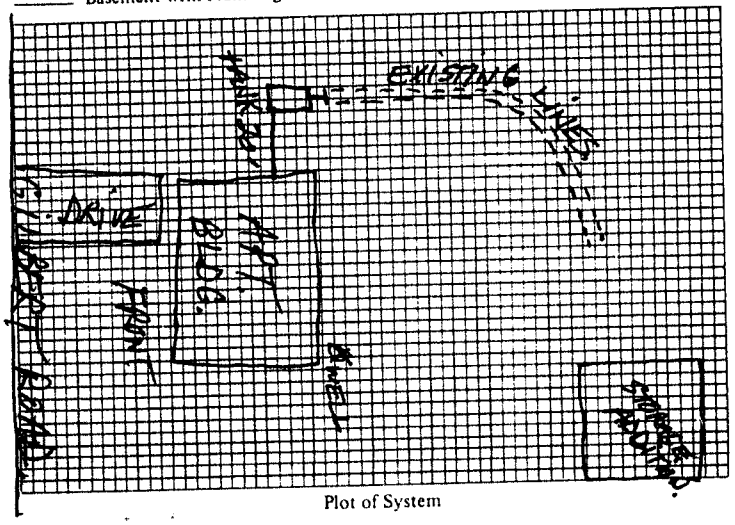
No. Bedrooms ____ No. Bathrooms ____

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

Character & Porosity of Soil EXISTING SEPTIC
Percolation Rate ____
Topography ____
Depth to Water Table ____
Rock or other impervious formations TANK SYSTEM.

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 septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 8-1-90.

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