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 PHYLLIS NEWMAN DATE 12-6-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W to Jersey-Talbert Dr. (Talbert Drive) go to stop sign T.R. go approx. 250 yards T.R.

SUBDIVISION NAME CARL LYNN ACRES. LOT NO. _____ S.R. No. _____

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

No. Bedrooms _____ No. Bathrooms _____

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 _____

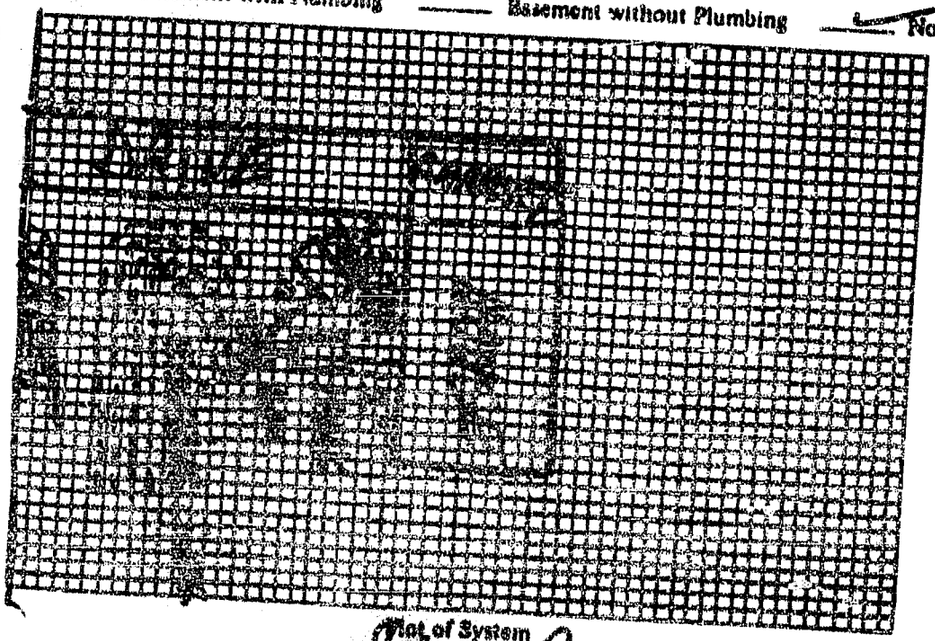
Percolation Rate _____

Topography _____

Depth to Water Table _____ Repair.

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ___ No Basement NEW TANK SET.



Plat of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

32 TON SUBSURFACE TRENCH INSTALLED.

Installed by Jamie Fowler

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

Signed: _____

IMPROVEMENTS PERMIT BY Faye Braun

COMMENTS: Existing dirt lines used. Recommend cutting trees in big maple area pretty good.

CERTIFICATE OF COMPLETION BY Faye Braun

EXISTING SYSTEM CHECKED BY: _____ DATE 12-6-89

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