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 JAMES SETTLEMYER DATE 7-19-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west, T.L. on Carlton Dr. at Stato Madrid, go to Stop Sign, T.L. + 11th house on (R). S. R. No. _____

SUBDIVISION NAME CAROL-LYNN ACRES LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Repair - disconnecting kitchen sink + washing machine from S.T. septic

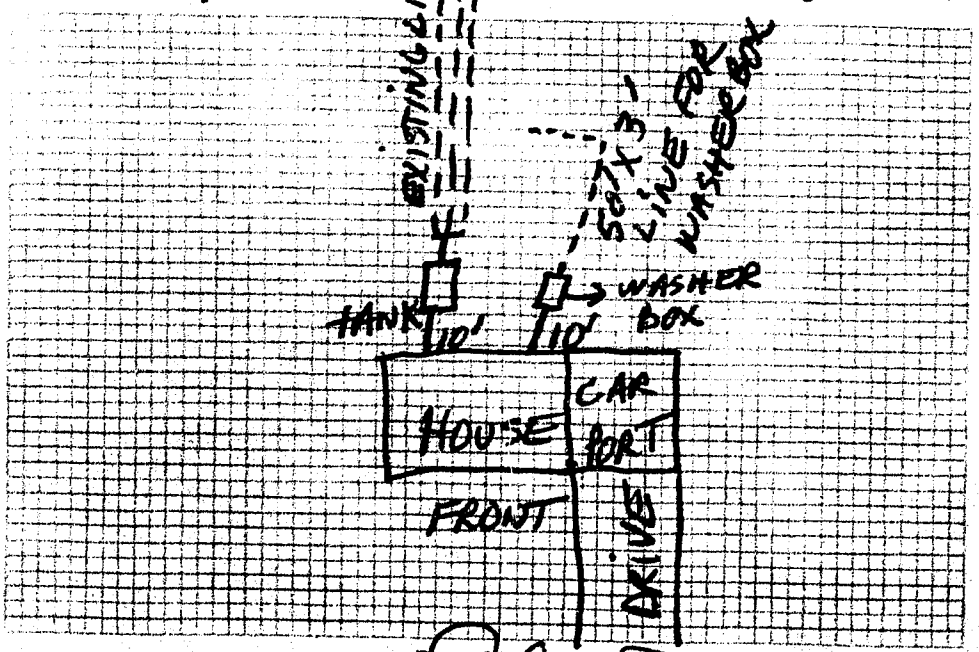
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	Repair
			Rock or other impervious formations	

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

→ BVT ADD 75 GAL. WASHER BOX



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Linear Ft. 50
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Roger Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape over existing tank + drain lines for surface water control.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-19-83

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