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 STEVE CURLEY DATE 8-17-89 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION Hwy 90 W-T.L. on Tomahawk Dr. in Turnpike to Stop Sign T.L. grassland Curve-1st left hand Lot(s) _____ S. R. No. _____

SUBDIVISION NAME CARD LYNN ACRES LOT NO. _____ SECTION OR BLOCK NO. _____

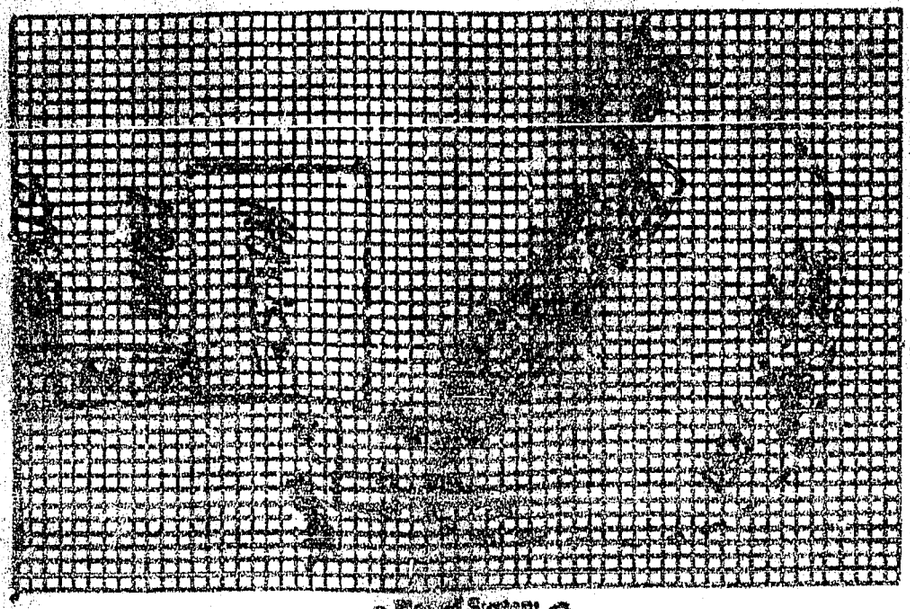
House ( ) Mobile Home ( ) Business ( ) Other Repair

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	Repair
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Large

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Lineal Ft. 150
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by James Hudler

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

Signed: _____

Proposed System

IMPROVEMENTS PERMIT BY: Mike Brown

COMMENTS: Have owner verify need for 1 lateral of new line (150') in addition to existing lines. Use proposed lower area for new line.

CERTIFICATE OF COMPLETION BY: Mike Brown DATE 8-17-89

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