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 DAVID RUCKER DATE 5-27-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90W-T.L. on Interstate Drive in Jerry-go-th Stop Sign-T.R. 4th House on R. S. R. No. _____

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

House (4) Mobile Home ( ) Business ( ) Other Repair

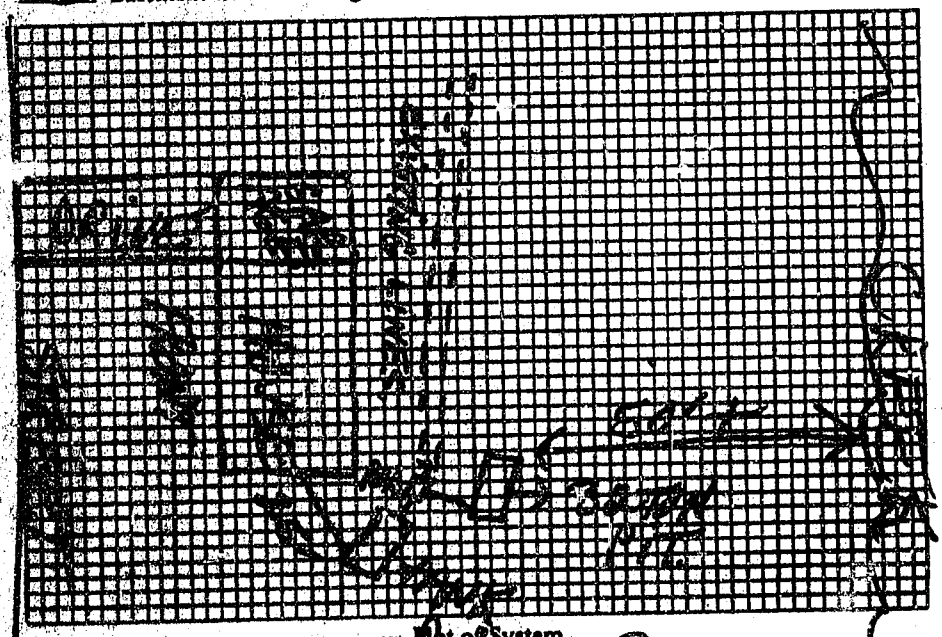
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (4)	No ( )

Lot Area Ample

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table Repair
Rock or other impervious formations _____

1 Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (1)

32 TON PIT INSTALLED.

Installed by Donald Lackey

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

Signed: _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-27-88

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 securing Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold