IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

8472

OWNER OR CONTRACTOR Gurney Allen Bottoms DATE 9 28 88 PERMIT NO. 17B

PHONE: Business _____ Home _____

LOCATION Buffalo Shls west pst Kyles Xing TL Pineville Rd 2mi on Left across from Troutman fire dept. S. R. No. _____

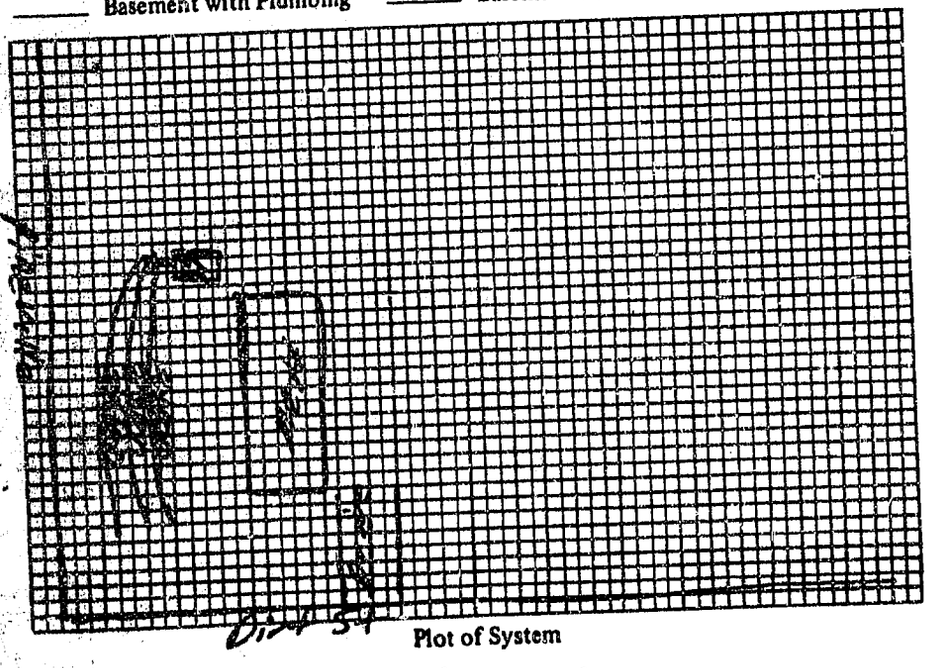
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil	prov Suitable
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	
Auto. Dishwasher	Yes ( )	No (✓)	Topography	2 to 6%
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	10' +
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by James Huddler

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 9 28 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 making Improvements Permit.

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