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 FOREST LOFTIN DATE 1-3-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East on Mocksville Rd. off Old Mocksville Rd. go approx. three miles past T.L. at blue mailbox - house 1st road off rd.

S. R. No. _____

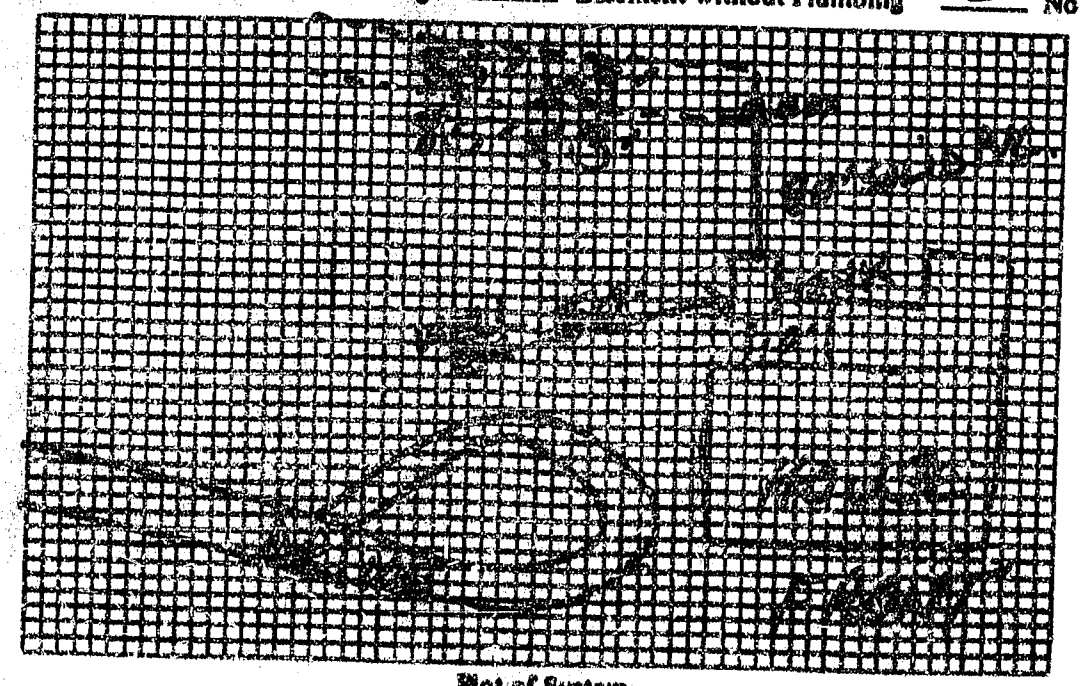
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	Repair.
Lot Area Ample.			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. ~~450~~ Linear Ft. 150+
Depth of Stone in Lines 12"+
Water Supply: Individual ( )
Public ( )

Installed by Wes Lytton

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Tank pumped & new tee. Old drain line abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-3-90

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 Sanitation's Copy: Pink Owner's Copy: Gold