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 VIOLET SHERRILL DATE 6-15-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. off Old Mt. Rd. - T.L. on Hicks Creek Rd. - 2nd house on left. S. R. No. _____

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

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

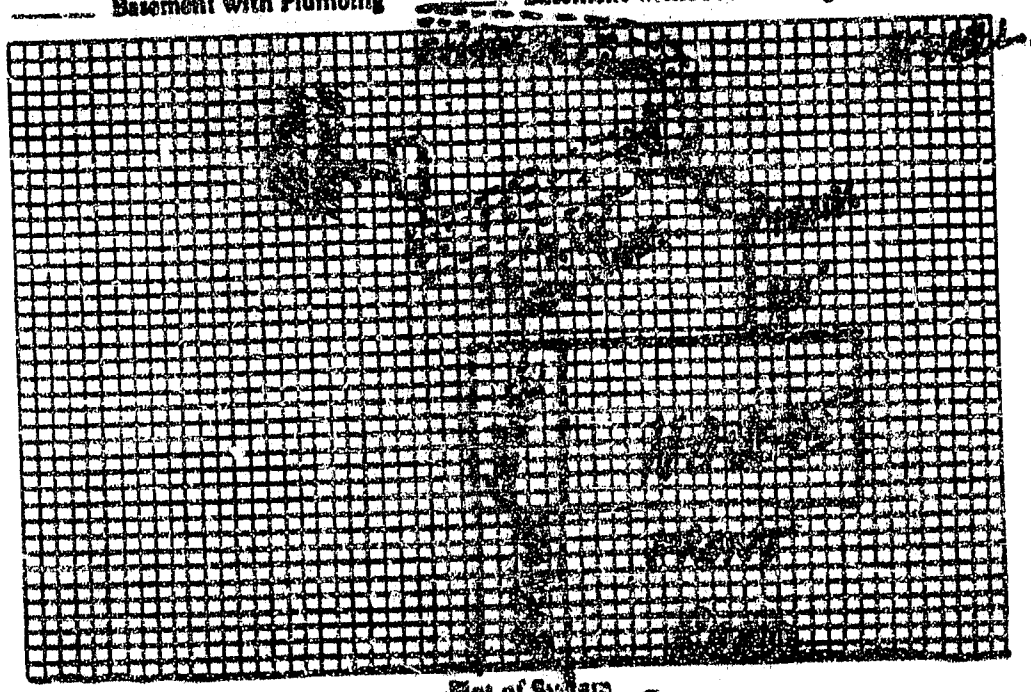
No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Area Ample.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. [illegible] Lineal Ft. 140
Depth of Stone in Lines [illegible]
Water Supply: Individual (✓)
Public ( )
PLUS 16 TON TRENCH AT END.
Installed by AAA ENTERPRISES

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New line installed Tank pumped.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-15-90

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 Sanitarian's Copy: Pink Owner's Copy: Gold