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 EARL KNOX DATE 5-10-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. off old Mtn. Rd. - 2 miles on left.

S. R. No. _____

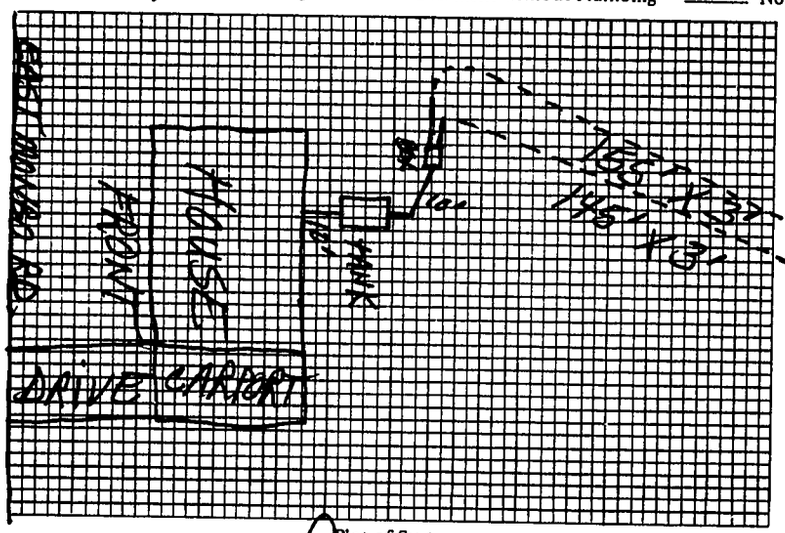
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clayey.
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	Good Sq. ft.
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	18+
Lot Area Ample			Rock or other impervious formations	none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12

Water Supply: Individual (✓) Public ( )

Installed by Jack Austin / Esker Elder / Randy Lemon

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

Signed: _____

IMPROVEMENTS PERMIT BY Jack Moore

COMMENTS: Old drain lines abandoned. New dist. box installed.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-10-91.

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