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 B. B. WAGNER DATE 5-31-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of Kyles Xing - ½ mi. on left. S. R. No. _____

SUBDIVISION NAME _____ 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 ( )

Character & Porosity of Soil _____

Percolation Rate _____

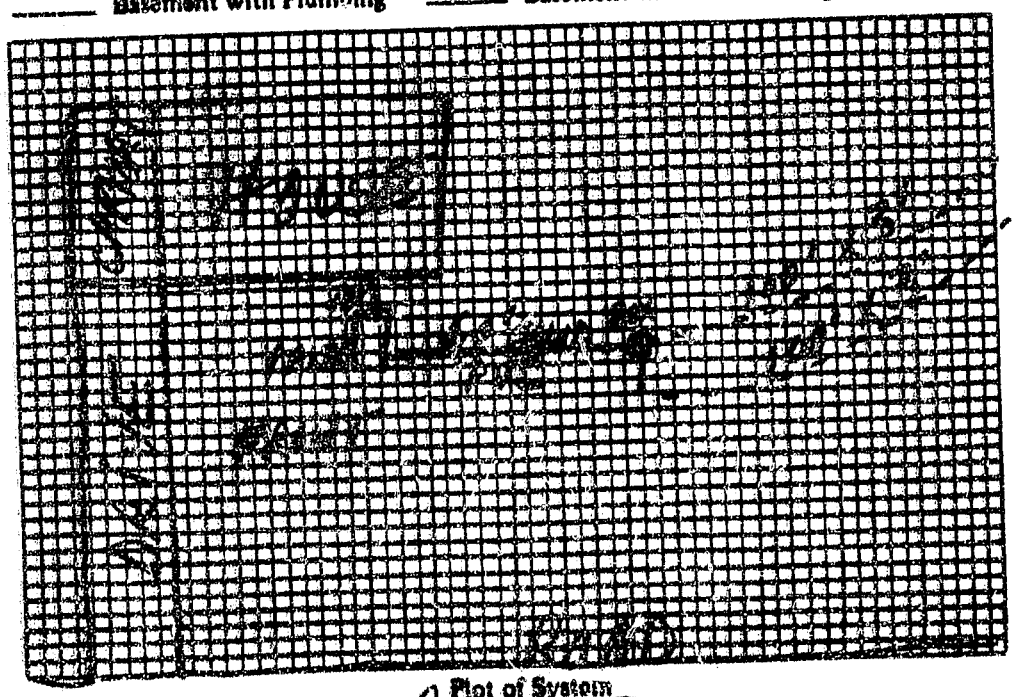
Topography _____

Depth to Water Table Repair.

Rock or other impervious formations _____

Lot Area Ample.

_____ Basement with Plumbing _____ Basement without Plumbing ___4___ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 24"

Water Supply: Individual (4)

Public ( )

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: Tank pumped + new tee installed inside for new lines. Old lines abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-31-90

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