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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 Mrs Foy Brittian DATE 11/6/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Airport Road. at Lakewood Golf Course S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Existing System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

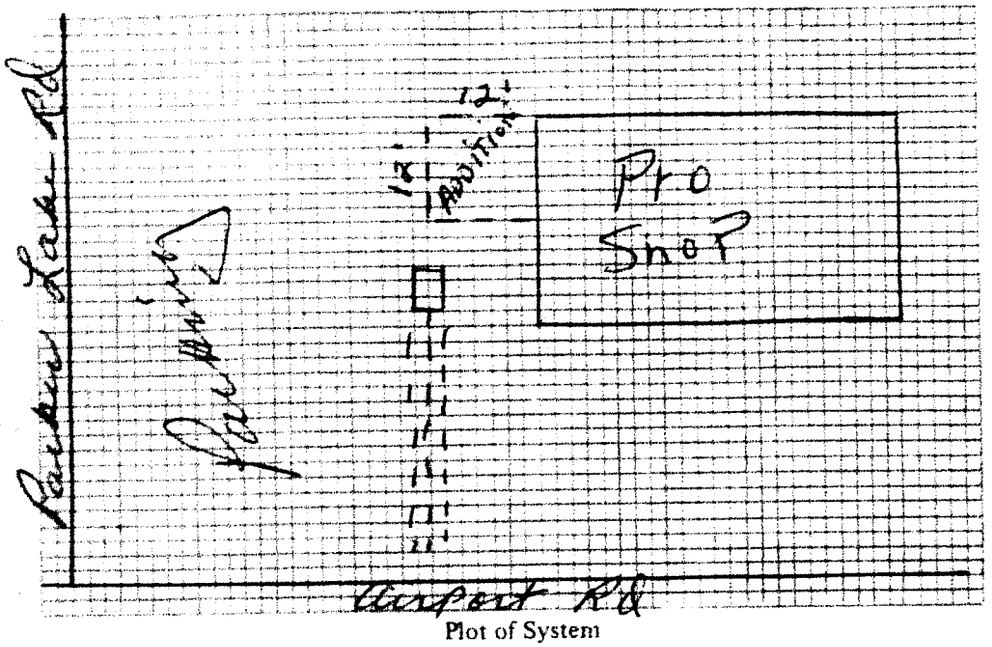
Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____



Plot of System

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing Sewage System appears to be working O.K. at this time.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 11/6/78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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