## 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 JIM FOSTER DATE 12-7-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Hwy West-T.R. into Eastern Heights Dev.-go 1/2 up hill-T.L.-cross dam & 3rd house on left. S. R. No. _____

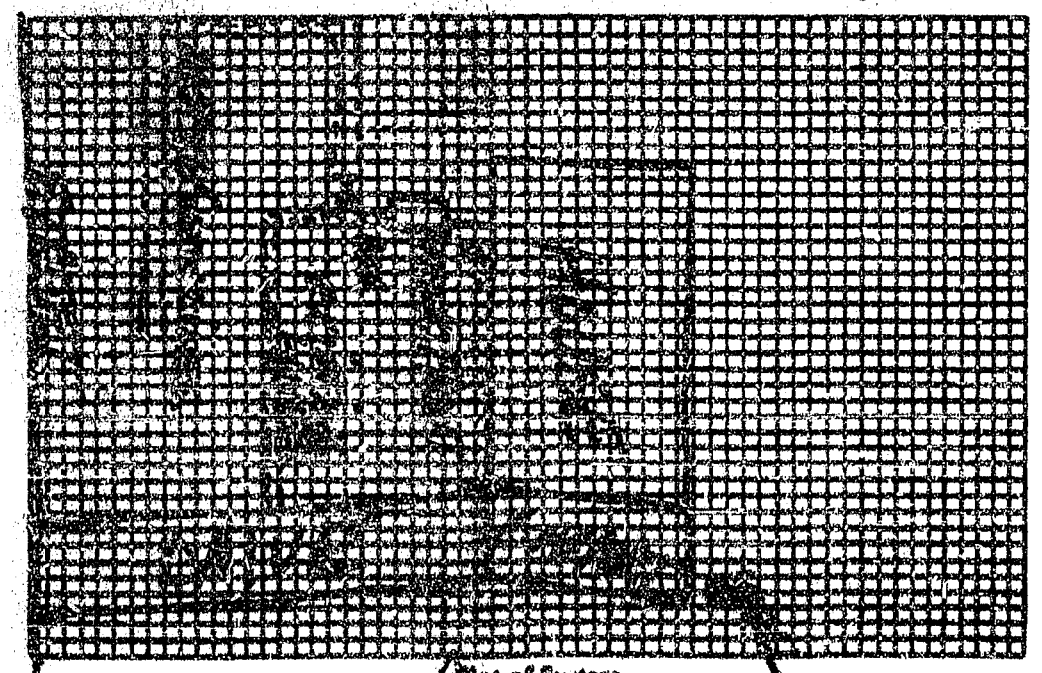
SUBDIVISION NAME EASTERN HEIGHTS DEV. LOT NO. _____ SECTION OR BLOCK NO. _____

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 ( )
Lot Area Ample.

Character & Porosity of Soils Clayey.
Percolation Rate _____
Topography _____
Depth to Water Table _____
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. 240 Linear Ft. 200
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by: Wes Sutton

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

Signed: _____

IMPROVEMENTS PERMIT BY E. C. Meese

COMMENTS: Leach pump at new tee installed, new distribut. set.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-7-90.

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