03104

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 GERALD FORTNER DATE 7-15-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west - T.R. on Airport Rd. - ¼ mi. on (R). Enter 1st. - 200 yards on left. S. R. No. _____

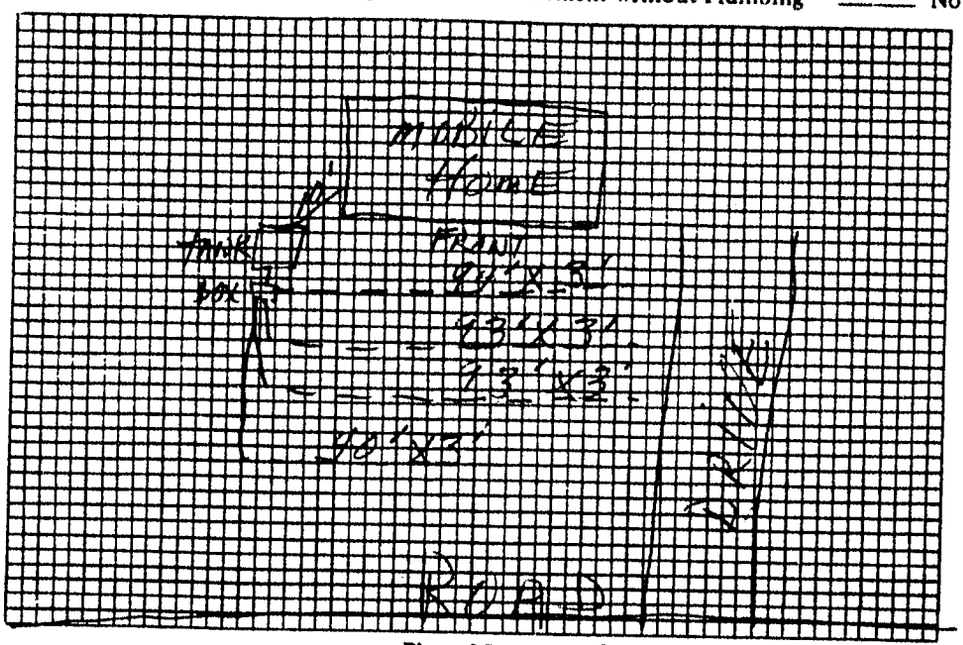
SUBDIVISION NAME DEER FIELD ESTATES LOT NO. 6 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (~~4~~ DOUBLE WIDE) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Pour. Suitable	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Equal to 1 ft.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
Lot Area	Ample		Rock or other impervious formations	none observed.	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 96.0 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Cline & Gilleland

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Don't drive or park over drain lines or tank.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-15-85

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