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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 DIANE MILLER DATE 7-21-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 508 Westminster Drive. S. R. No. _____

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

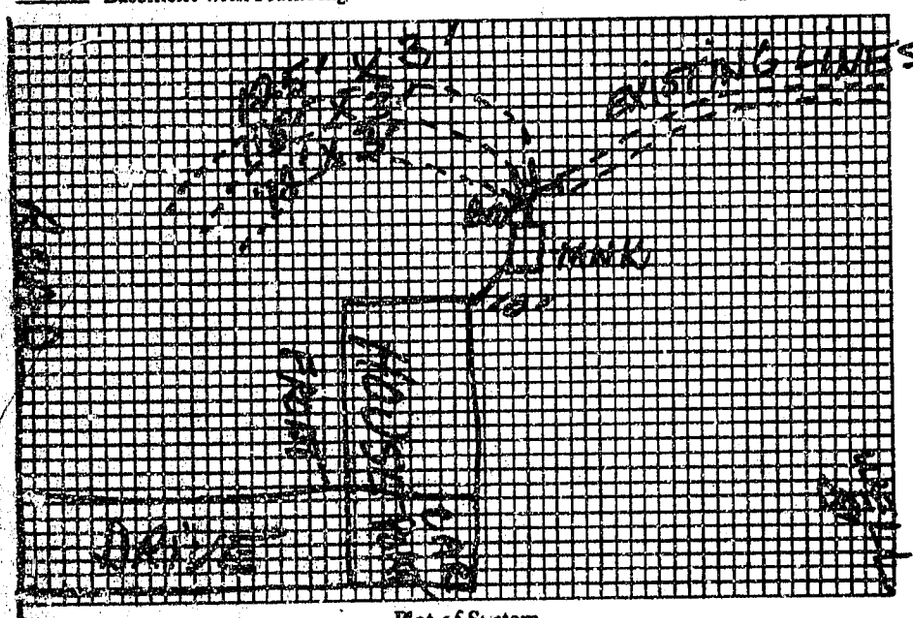
House ( ) Mobile Home ( ) Business (✓) Other Daycare facility for 24 children.

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable.	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4 min/in.	
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	2-8%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	None observed.	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field: 3

No. of Lines _____

Sq. Ft. 937 Linear Ft. 312

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Diane Miller

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-21-87.

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