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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 AVERY SLONE DATE 2-26-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2827 Glenview Dr. off Bristol Drive. S. R. No. _____

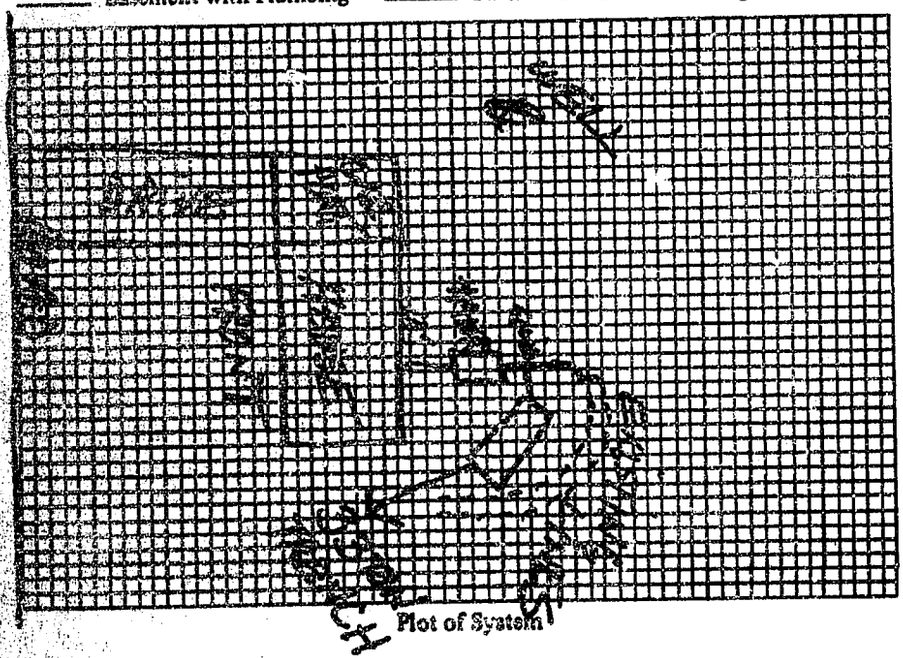
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____	No. Bathrooms _____			Character & Porosity of Soil _____	
Garbage Disposal Unit	Yes ( )	No ( )		Percolation Rate _____	
Auto. Dishwasher	Yes ( )	No ( )		Topography _____	
Auto. Wash. Machine	Yes ( )	No ( )		Depth to Water Table Repair	
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations _____	

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

3 3TON SUBSURFACE TRENCH.

Installed by James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: new tee installed in tank. Sch 40 PVC tied into old lines 15' from tank.

CERTIFICATE OF COMPLETION BY Steve Brewer DATE 2-26-87.

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