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 RICHARD JOSEY DATE 6-5-91. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 806 Bristol Drive) -1/8 mi. off Hwy 70 W on left.

_____ S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

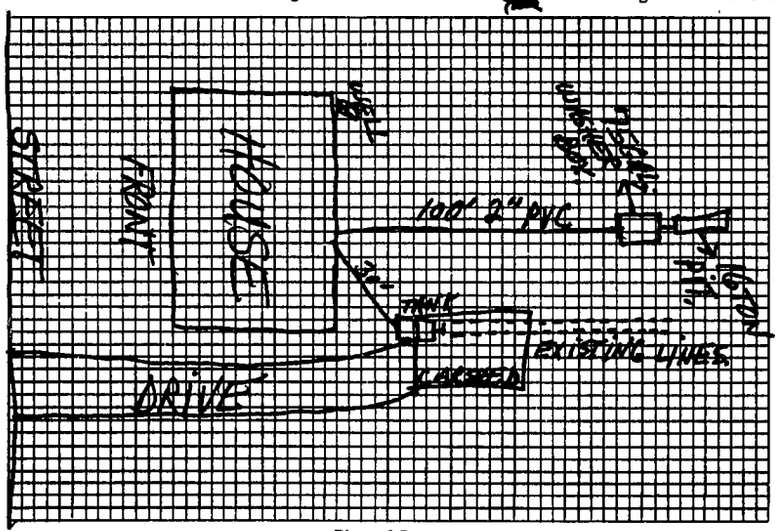
Garbage Disposal Unit	Yes	( )	No	( )
Auto. Dishwasher	Yes	( )	No	( )
Auto. Wash. Machine	Yes	( )	No	(✓)
Site Suitable	Yes	(✓)	No	( )

Lot Area Ample.

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table Repair.
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

NEIGHBOR'S WELL. ✓



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

75 GAL. WASHER BOX + 16 TON PIT INSTALLED.

Installed by Esker Elder

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

Signed: _____

IMPROVEMENTS PERMIT BY: Steve Brown

COMMENTS: Installation for washing machine only.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-5-91.

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