IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

DATE 4-14-89 PERMIT NO. 148.

OWNER OR CONTRACTOR CYNTHIA PHARR

PHONE: Business _____ Home _____

LOCATION 722 Bristol Drive 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 _____

Character & Porosity of Soil _____

Percolation Rate _____

Topography Repair.

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

Size of Tank EXISTING Gals.

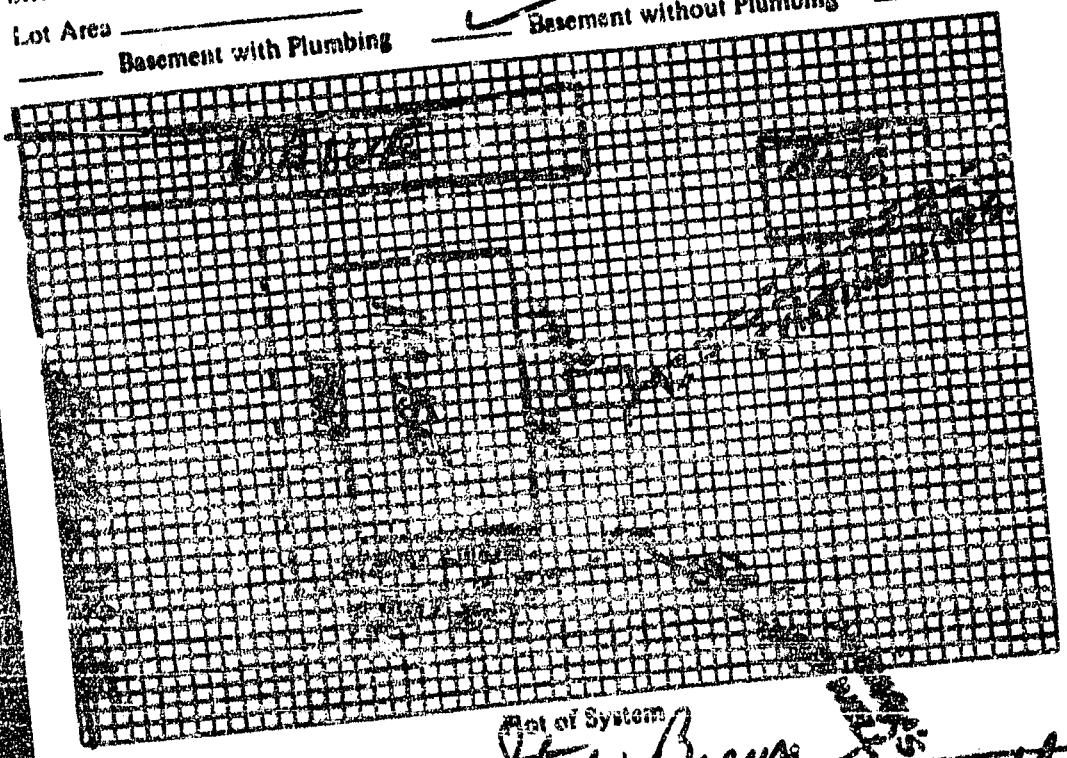
Nitrification Field:

No. of Lines 1

Sq. Ft. 360 Linear Ft. 120

Depth of Stone in Lines 24"

Water Supply: Individual (✓)
Public ( )



Installed by Wes Sytton

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS Tank enlarged, New Tee installed in side of tank, tee pvc to pvc, New Tee installed in well-sealed. All lines kept installed to pvc tee. Tank

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-14-89

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