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 MRS. NORMAN McCOLL DATE 10-18-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 320 Bristol Drive - Hwy 90 west - T.L. on Bristol Drive - go 50' past Westminster Drive - 1 car Dordi st. - last house S. R. No. 8,167

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

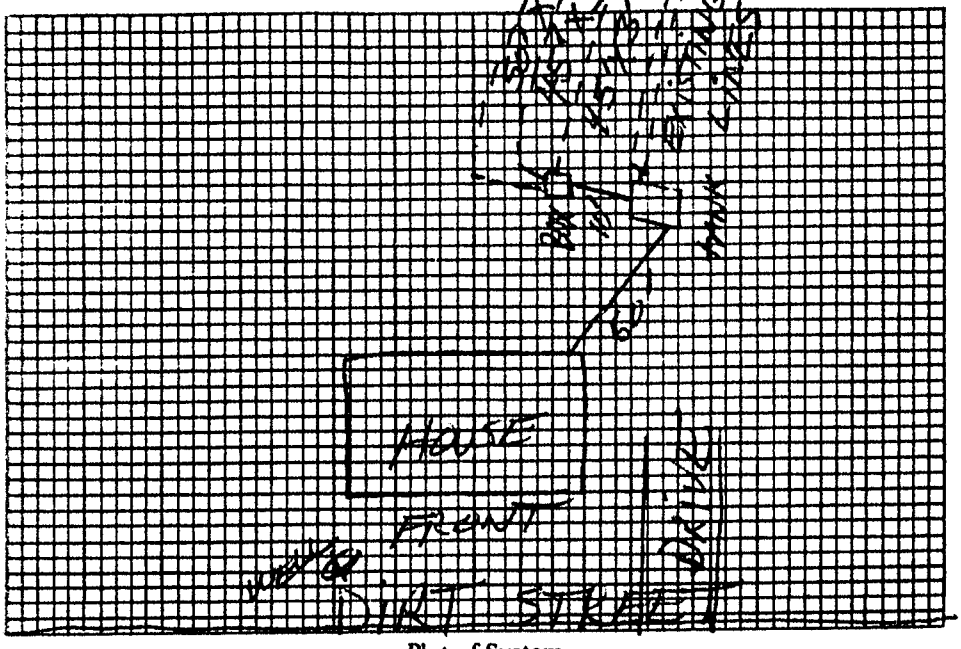
House next door now has its own S.T. system.

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

No. Bedrooms 2 No. Bathrooms 1

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

Basement with Plumbing _____ Basement without Plumbing _____ Slab Basement ✓



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 420 Linear Ft. 140
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

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 10-18-85

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