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 NELSON BROWN DATE 12-19-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1313 Park Drive Extension (Rita Avenue in sharp curve on E.)

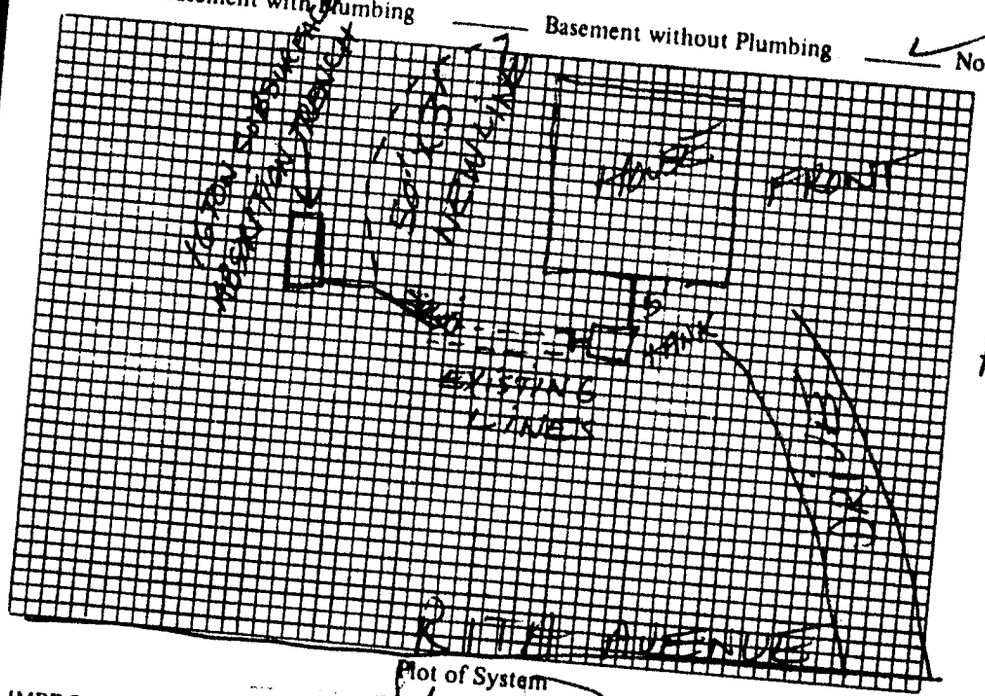
SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

House (4) Mobile Home ( ) Business ( ) Other Repair SECTION OR BLOCK NO. _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (4)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes ( )	No (4)	Percolation Rate _____
Auto. Wash. Machine	Yes ( )	No (4)	Topography _____
Site Suitable	Yes (4)	No ( )	Depth to Water Table Repair
Lot Area Limited			Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 150 Linear Ft. 50'

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (4)

PLUS A 16TON SUBSURFACE ABSORPTION TRENCH.

Installed by Rogers & Barry Signer

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

EXISTING SYSTEM CHECKED BY: _____ DATE 12-19-84.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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