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 FRANK MAYBERRY DATE 2-13-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 west - T.L. on Cordy Lane before Bristol Drive - 6th house on left S. R. No. _____

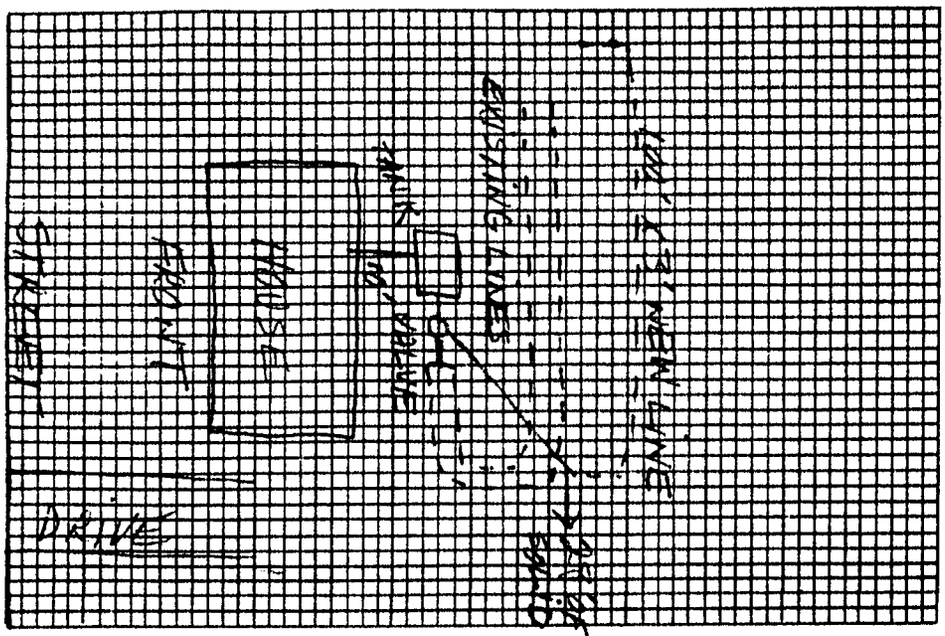
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

| | | | |
|---|---|---|---|
| No. Bedrooms 3 | No. Bathrooms 1-2 | | 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




Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
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 2-13-86

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