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 J.W. HEDRICK DATE 8-14-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 641 Central Drive off Hwy 64-70 W.

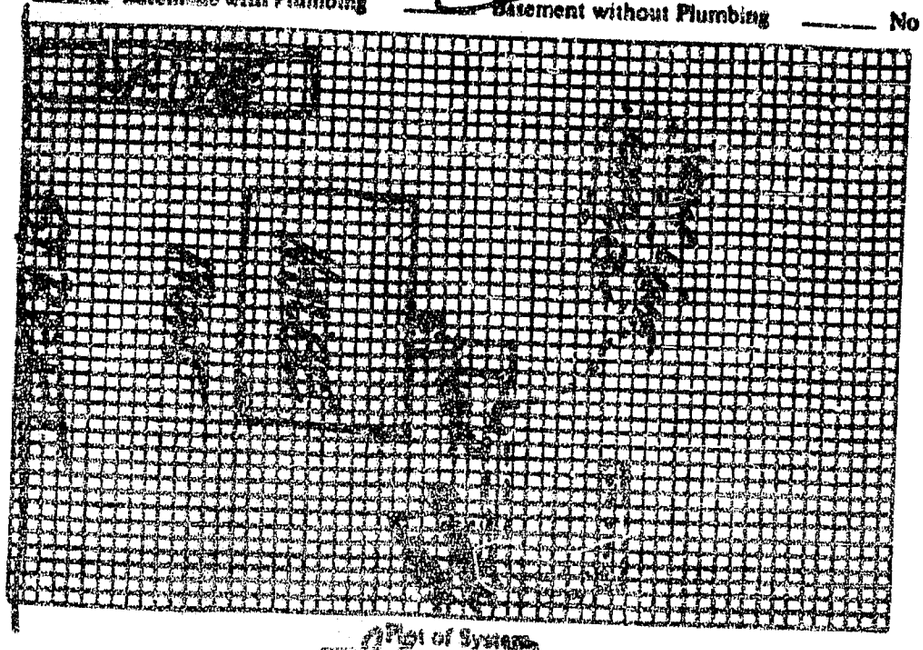
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

House (1) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit	Yes ( )	No (1)	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No (1)	Percolation Rate	
Auto. Wash. Machine	Yes (1)	No ( )	Topography	
Site Suitable	Yes (1)	No ( )	Depth to Water Table	
Lot Area Ample			Rock or other impervious formations	Repair

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Lines Ft. 100
Depth of Stone in Lines 12
Water Supply: Individual (1)
Public ( )

Installed by James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY Joe Brown

COMMENTS Washing Machine + sink tie/ Check lines & Tank pumped. Flow tested & Failed

CERTIFICATE OF COMPLETION BY Joe Brown DATE 8-14-89

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