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 DAVID SICELOFF DATE 11-14-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 214 N. Street - W. from St. - T. at Wallace Bakery - T. R. on 1st St. T. L. on next St. - 2 Houses on R. S. R. No. _____

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

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

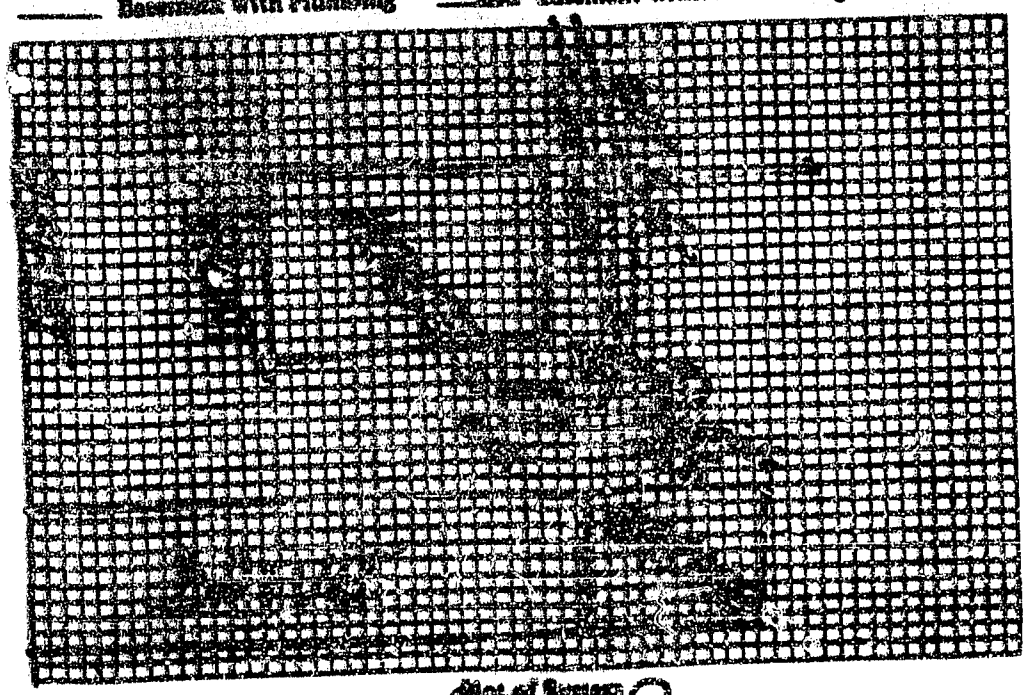
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area Ample.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Character & Porosity of Soil _____
Percolation Rate _____
Topography Repair.
Depth to Water Table _____
Rock or other impervious formations _____



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 12" ±
Water Supply: Individual ( )
Public ( )

Installed by Dennis Shelton

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Must be installed by Sanitarian Dept. Expert.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-14-90

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