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 MILDRED HUDSPETH DATE 2-28-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - T.L. on Key Lane - 3rd house on left. S. R. No. _____

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

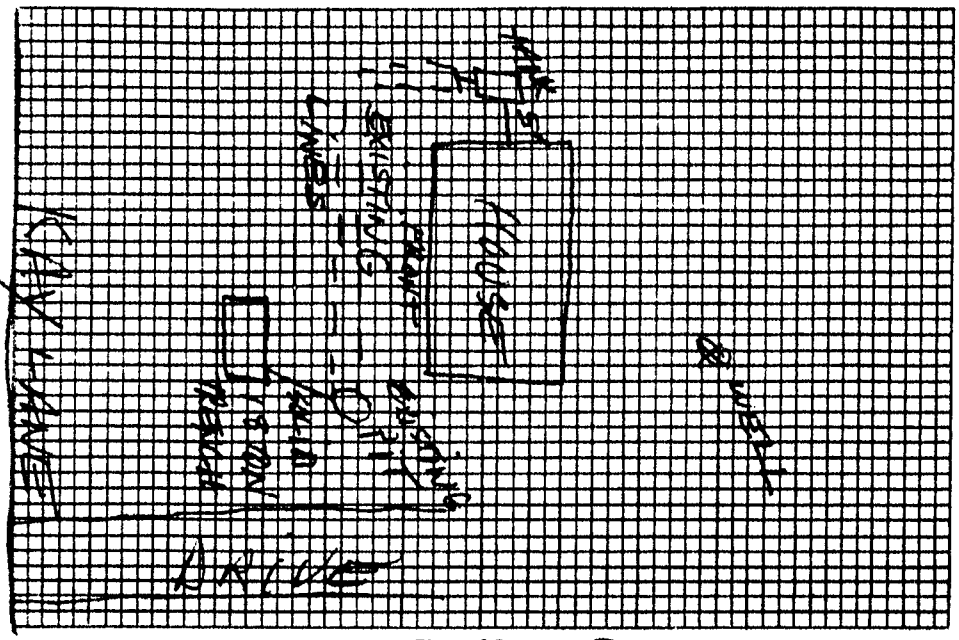
House (4) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (4)
Auto. Dishwasher Yes ( ) No (4)
Auto. Wash. Machine Yes (4) No ( )
Site Suitable Yes (4) No ( )
Lot Area limited

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

_____ Basement with Plumbing _____ Basement without Plumbing 4 No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (4)
Public ( )

1 8TON SUBSURFACE TRENCH.

Installed by AHA ENTERPRISES,

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 2-28-86.

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