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# 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 JOHN Mc. PHERSON DATE 5-20-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W - T.R. on Grayson Rd. - ground sharp curve 1st Double wide on (L).

S. R. No. _____

SUBDIVISION NAME GRAYSON PARK LOT NO. 1 SECTION OR BLOCK NO. _____

Replacement

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

No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil _____

Percolation Rate _____

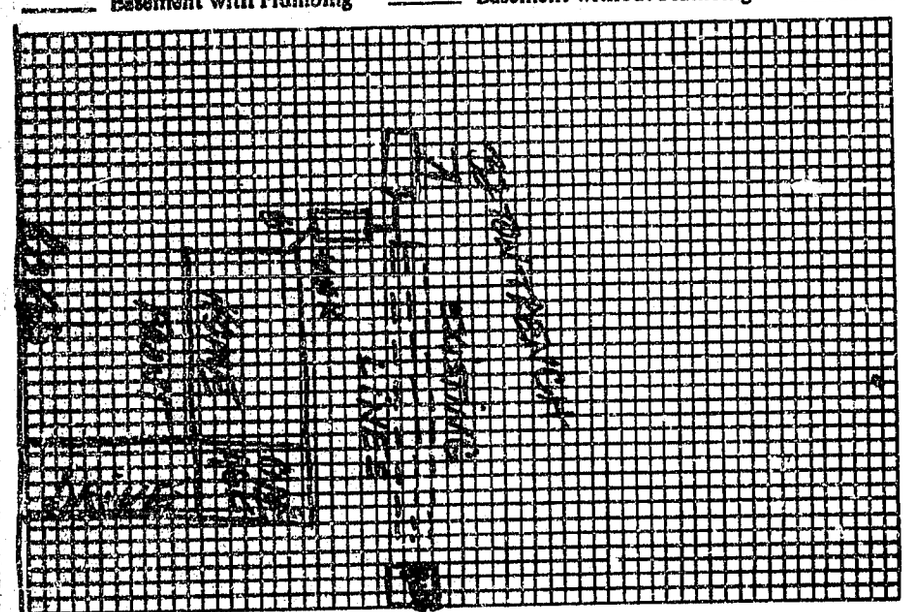
Topography Repair

Depth to Water Table _____

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 _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)

32 Jm Submersible Trash

Installed by Ed Hedrick

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 5-20-87

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