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 MICHAEL MANALL DATE 4-27-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W-T.L. on Butterfield Rd across from Mertiella Rd Lot
Southside on left. S. R. No. _____

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

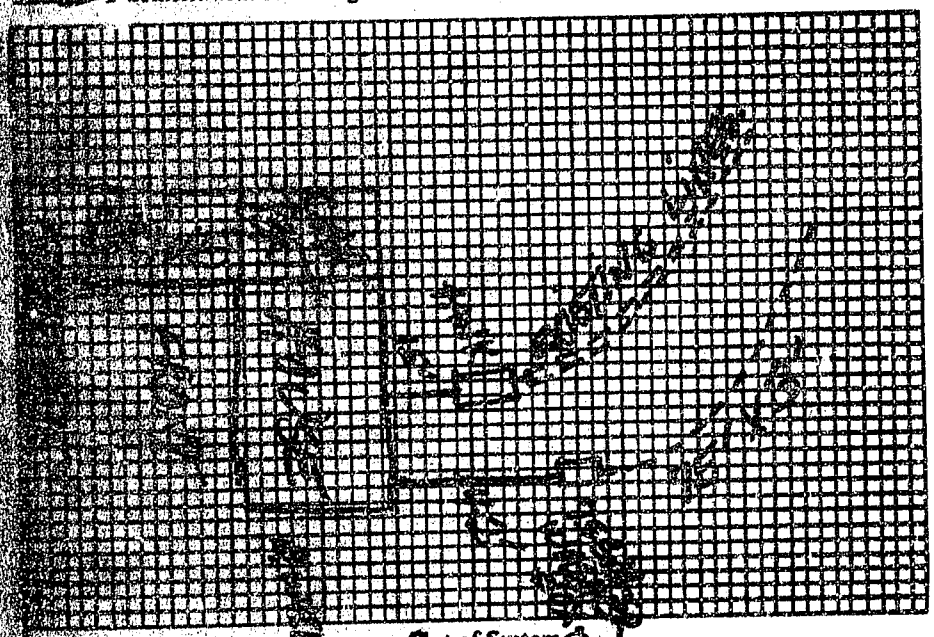
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 1.5

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

Lot Area Ample

1 Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 75 GAL. WASHER BOX Gal.

Nitrification Field:
No. of Lines 1
Sq. Ft. 225 Lines Ft. 75
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Dennis Gallimore

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS 2 gal for washing machine Hebner only.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-27-88.

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