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 Tommy Estes DATE 8-18-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Highway 90 W TR on SR 1671 (Monticello Dr) TR on SR 1633 Monticello Dr. House N/W corner SR 1694-1633 S. R. No. 1633

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

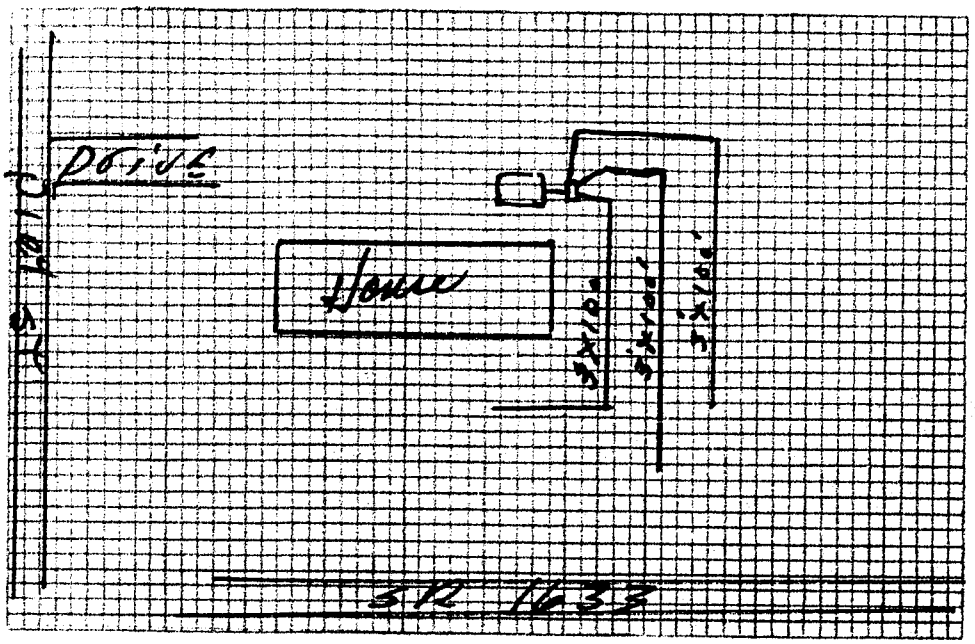
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4 Bell 45 Minutes
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	40'
			Rock or other impervious formations	Scattered Rock -

Lot Area 160 X 200

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 100 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Parker Lacky Const. Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 8/18/83

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