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 Donald Mattlemann DATE 6-3-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 103 Morrison St

SUBDIVISION NAME Woodmont LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

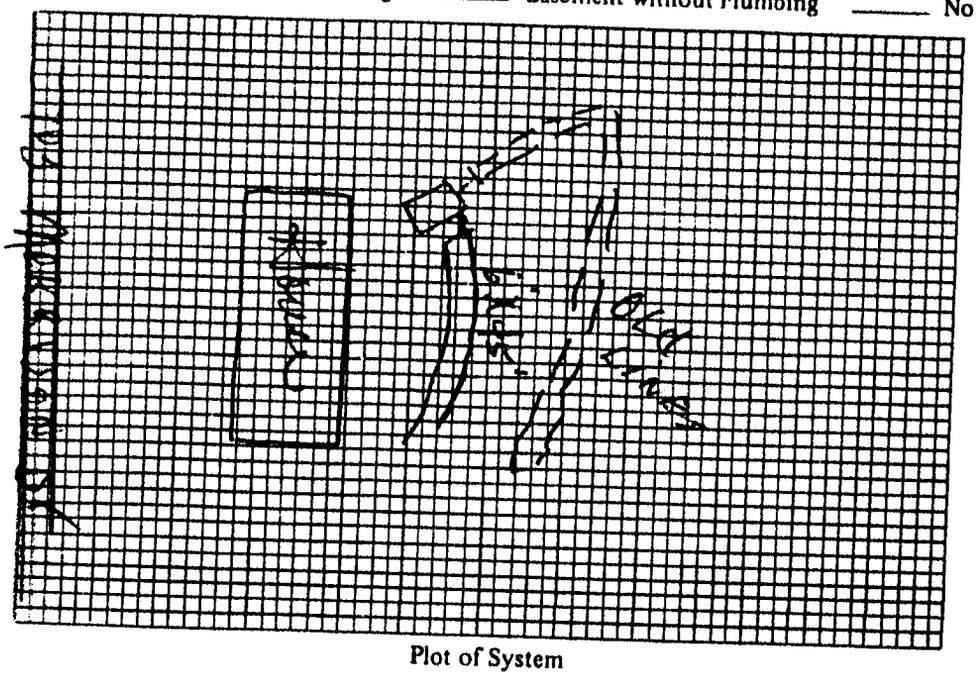
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 270 Linear Ft. 90
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Donald Lockey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Foster DATE 6/3/85

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