IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

11018
OWNER OR CONTRACTOR Howard Parris DATE 2/2/90 PERMIT NO. NFH-A-5

PHONE: Business _____ Home _____

LOCATION 65 N Lake Est on left

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2 Character & Porosity of Soil Gray Suitable

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 4

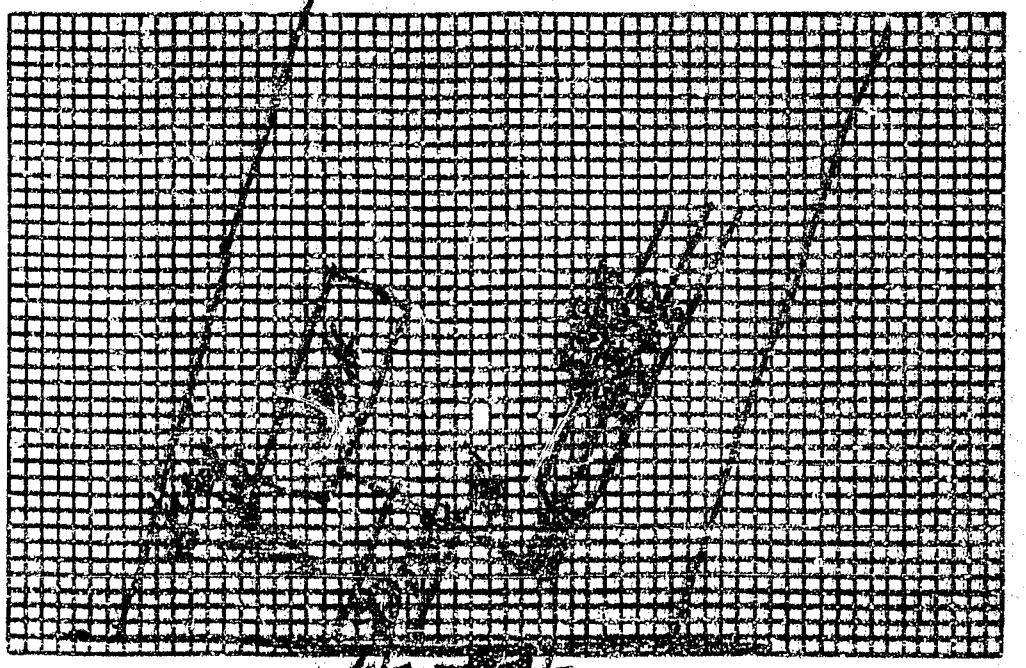
Auto. Dishwasher Yes ( ) No (✓) Topography Slight

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 18" Good

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None

Lot Area 1/2 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 18

Water Supply: Individual (✓)
Public ( )

Installed by Al Beckham

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

Signed: _____

IMPROVEMENTS PERMIT BY D Dillenger

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Moore DATE 2-20-90

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