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 DAVID SMITH DATE 5-3-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. - Off Perth Church Rd, T.L. on Honeycutt Rd. at Lonas mtabs - T.L. on Tremont Rd., then T.R. at intersection - 100 yards on left. R. No. _____

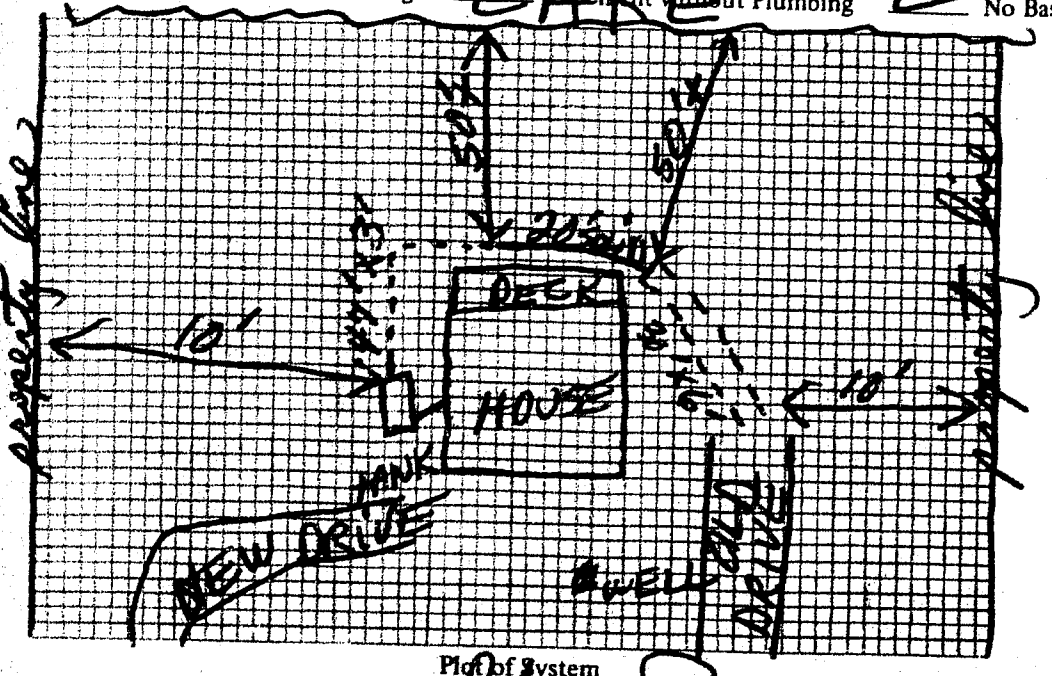
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

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

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 321 Linear Ft. 107
Depth of Stone in Lines 30"

Water Supply: Individual (✓)
Public ( )

Installed by J.C.'s Backhoe Ser.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New 1250 gal. Tank installed, Landscape over drain lines for surface drainage. Pipe all downspouts from gutters across or below S.T. system with solid pipe.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-3-83

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