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 ANDREW THOMAS DATE 1-14-92. PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION Hwy 21 S - T.R. on Fabley St. - go to Palace Lounge & T.R. on Ruffin Loop - T.L. on 1st street - 2nd house on left. S. R. No. ______

LOT NO. ______ SECTION OR BLOCK NO. ______

SUBDIVISION NAME ______

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

No. Bedrooms ______ No. Bathrooms ______

	Yes	No
Garbage Disposal Unit	( )	( )
Auto. Dishwasher	( )	( )
Auto. Wash. Machine	( )	( )
Site Suitable	(✓)	( )

Lot Area Ample.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement

Character & Porosity of Soil ______
Percolation Rate ______
Topography ______ Repair.
Depth to Water Table ______
Rock or other impervious formations ______

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines 1
Sq. Ft. 150 Linear Ft. 50'

Depth of Stone in Lines 12"

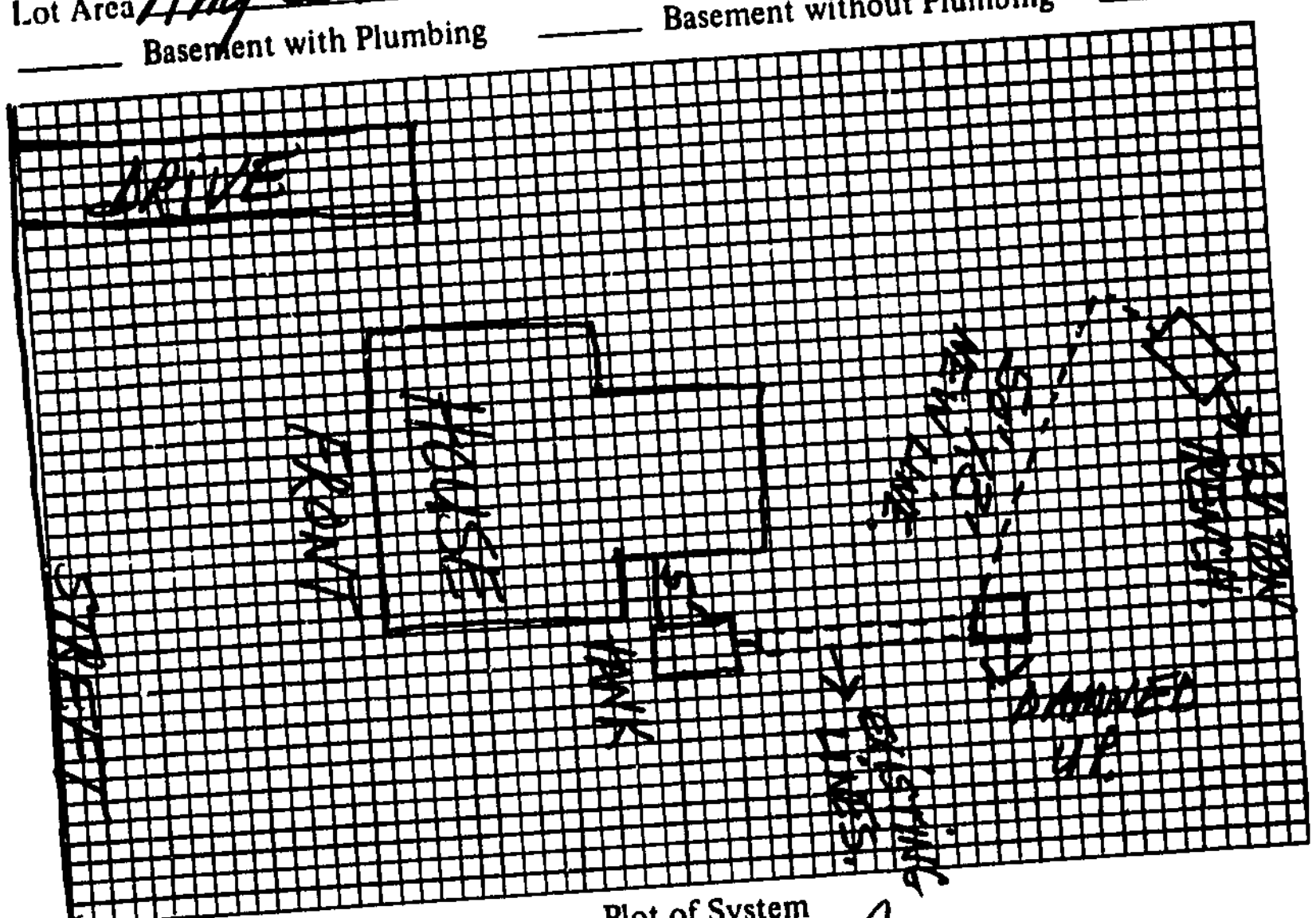
Water Supply: Individual ( )
Public (✓)

PLUS 24 TON TRENCH AT END OF NEW LINE.

Installed by Forest Shuford

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

Signed: ______



Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: ______

DATE 1-14-92.

CERTIFICATE OF COMPLETION BY Steve Brown DATE ______

EXISTING SYSTEM CHECKED BY: ______

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