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 GEORGE WILLIAMSON DATE 7-15-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Wallace Springs Rd. south – 200 yards past South view School on R. S. R. No. _____

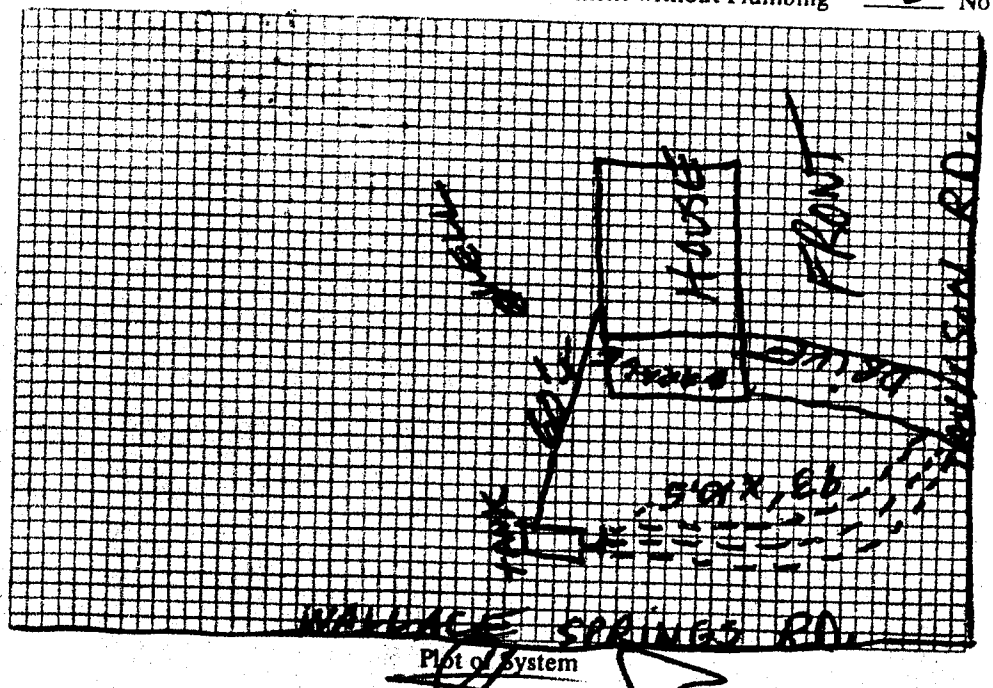
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Sandy Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Excellent
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level to lot
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
Lot Area	Ample		Rock or other impervious formations	none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 977 Linear Ft. 279
Depth of Stone in Lines 12"+

Water Supply: Individual (✓)
Public ( )

Installed by AAA Enterprises

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Sauer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Sauer DATE 7-15-83

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