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 DEWEY LOWRANCE DATE 9-12-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtg. Rd. Jean Trantman - Mobile Home on Dix Mraler
of Basium Lane.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

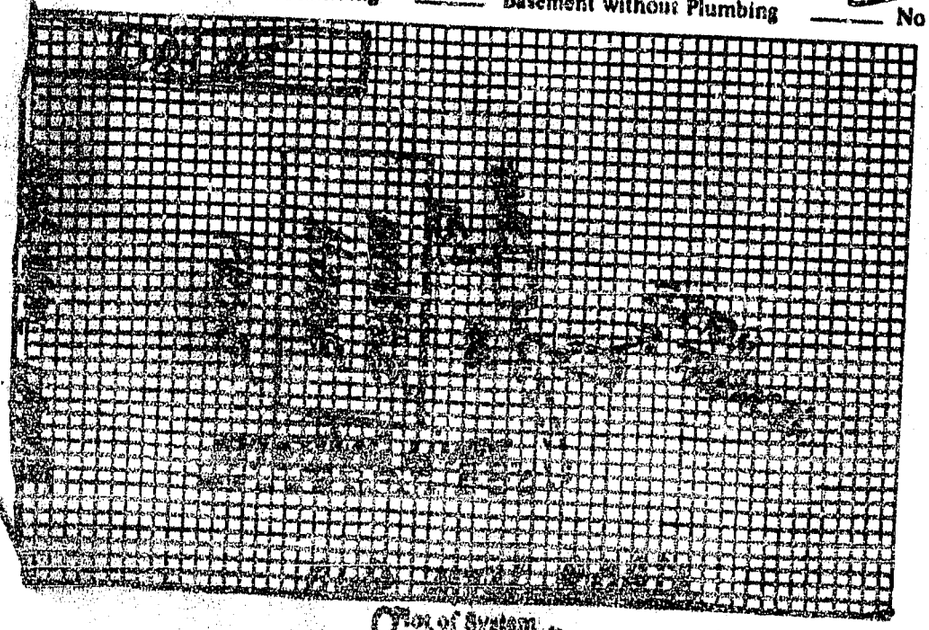
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area Ample.

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

32 TON SUBSURFACE TRENCH INSTALLED

Installed by Donald Lowrance

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

Signed: _____

Plan of System

IMPROVEMENTS PERMIT BY Steve Braun

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Braun

EXISTING SYSTEM CHECKED BY: _____ DATE 9-12-89

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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