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 EARL LIPPARD DATE 8-10-88 PERMIT NO. 15C.

PHONE: Business _____ Home _____

LOCATION Hwy 115 to Troutman - T.R. on old mtn. Rd. - 1st house on R.

S. R. No. _____

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

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

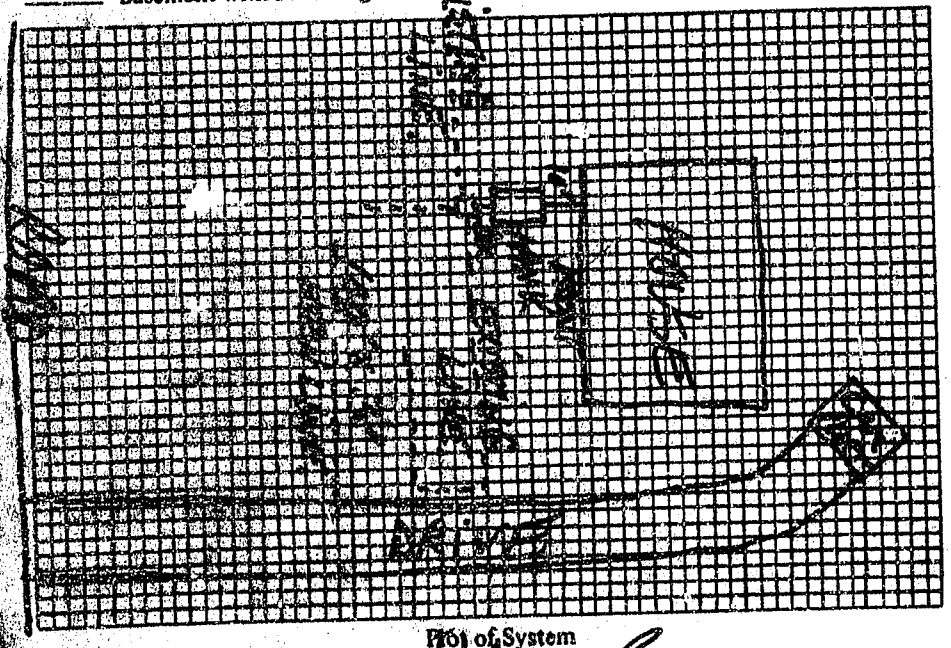
No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ___/___ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Prof. of System

IMPROVEMENTS PERMIT BY Steve Brown

Installed by AAA ENTERPRISES

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

Signed: _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-10-88.

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