12084.

# 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 TREDELL MEMORIAL GARDENS 11-8-90 PERMIT NO. UB-A24.

PHONE: Business _____ Home _____

LOCATION Hwy 21 S and past Hill Haven Rest Home. S. R. No. _____

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

House ( ) Mobile Home ( ) Business (X) Other Existing office.

No. Bedrooms _____ No. Bathrooms 1

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (X) | Character & Porosity of Soil EXISTING SEPTIC |
| Auto. Dishwasher | Yes ( ) | No (X) | Percolation Rate |
| Auto. Wash. Machine | Yes ( ) | No (X) | Topography TANK SYSTEM. |
| Site Suitable | Yes (X) | No ( ) | Depth to Water Table |
| | | | Rock or other impervious formations |

Lot Area 35 acres.

Basement with Plumbing _____ Crawl without Plumbing _____ No Basement X

Size of Tank EXISTING Gallons.

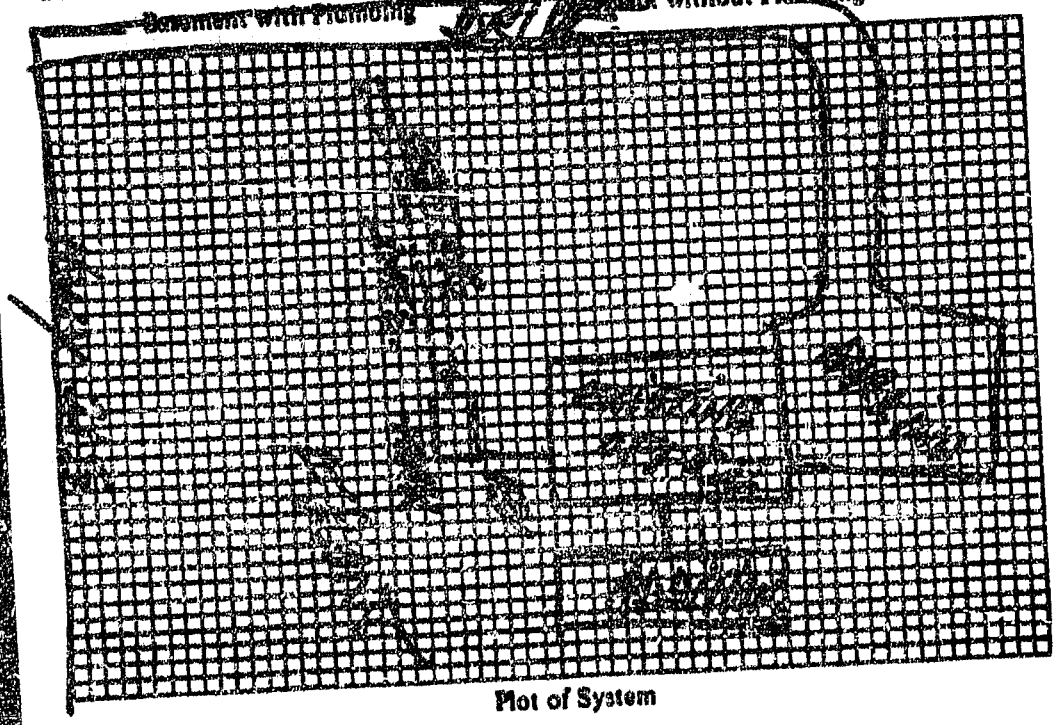
Nitrification Field:

No. of Line. _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (X)



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ DATE _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Bragg DATE 11-8-90.

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