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 JUDY SPEIGHT DATE 9-20-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Wallace Springs Rd. south from Blvd. - T.L. on Asey Rd. (dirt rd.) 1st mobile home on L. S. R. No. _____

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

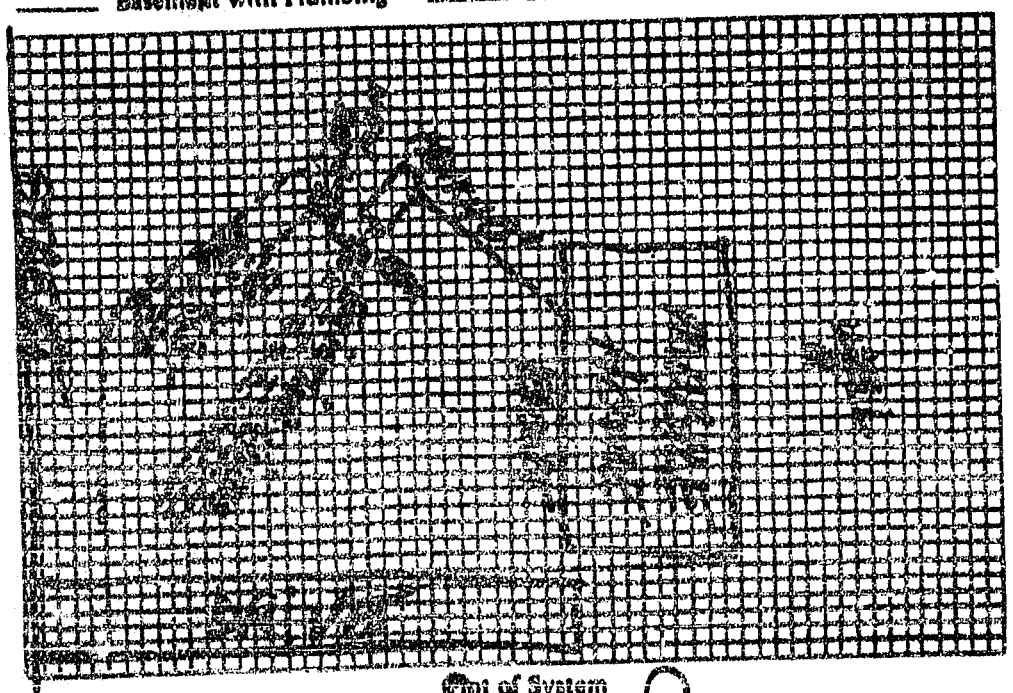
House ( ) Mobile Home (✓) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1.5

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 Repair
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 510 Linear Ft. 170
Depth of Stone in Lines 24"
Water Supply: Individual ✓
Public ( )

Installed by Wee Sytten

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

Signed: _____

Dept of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS System with repair adequate for 4 bedroom
Double wide septic is soon to be replaced at last. Use in an
existing 1st bdrm along with a new bdrm for new lines.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-20-89.

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