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 JERRY MEDLIN DATE 6-5-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Wallace Springs Pl. south - house on left at corner of Avery Pl. Sd. No. 8

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

House (1) Mobile Home ( ) Business ( ) Other Repair

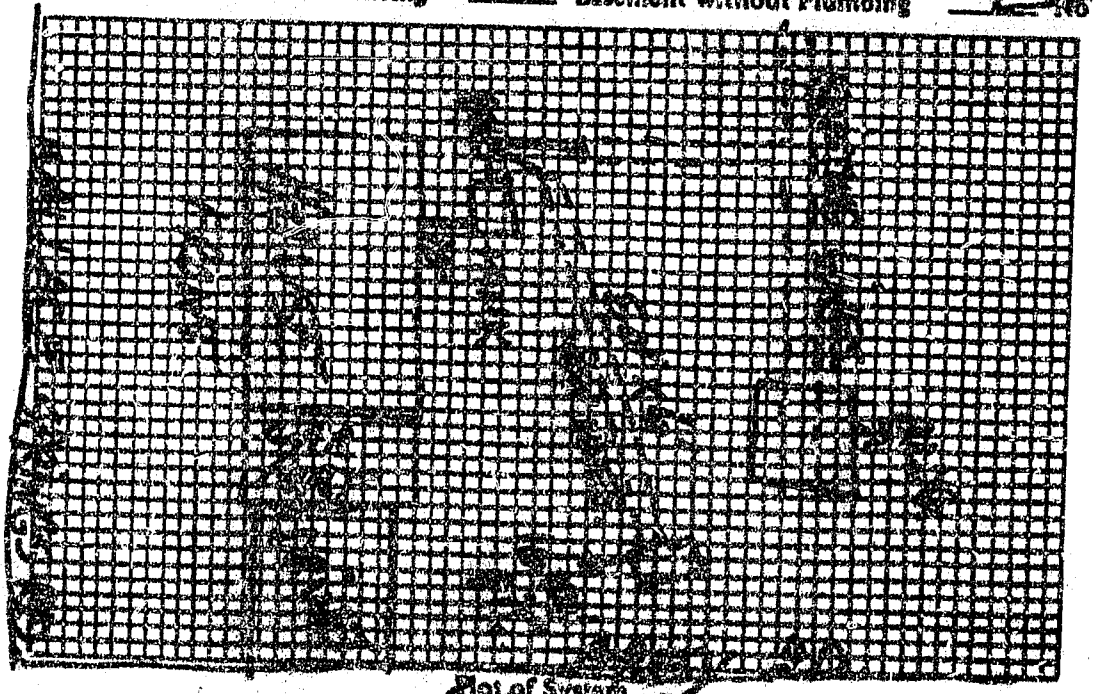
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No (-)
Site Suitable	Yes (1)	No ( )

Lot Area Ample.

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

_____ Basement with Plumbing _____ Basement without Plumbing 1 No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100'
Depth of Stone in Lines 12"
Water Supply: Individual (1)
Public ( )
PLUS 1 @ TON TRENCH AT END.

Installed by Kenny Pearson

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Dist Box ok.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-5-90

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