IREDELL COUNTY HEALTH DEPARTMENT

Rent House (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR NELLIE FOX DATE 5-21-82 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 2022 RAYON ST.

S. R. No. ____

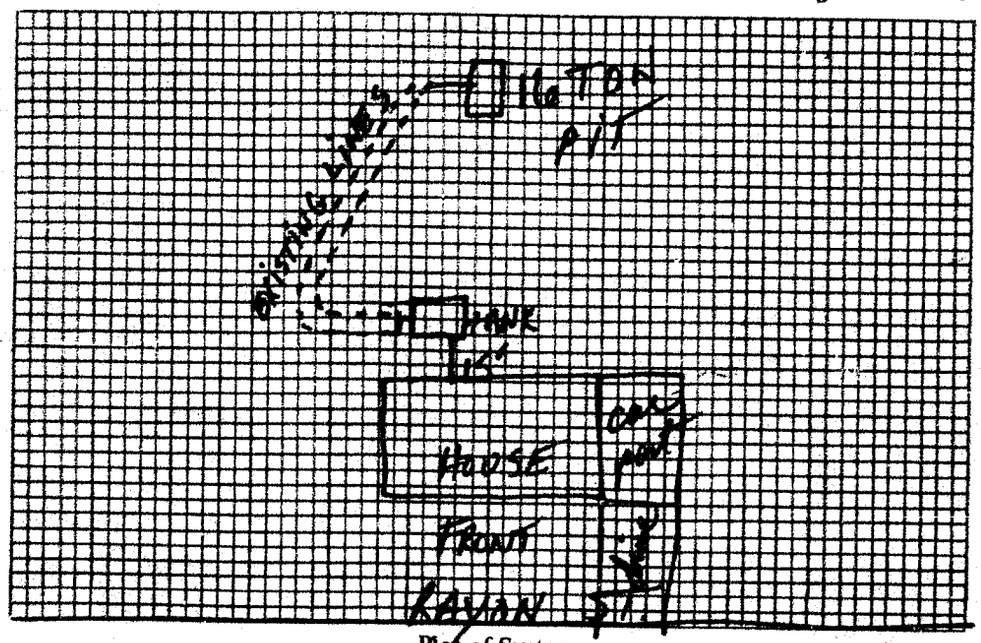
SUBDIVISION NAME ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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 ( )
Lot Area Ample

Character & Porosity of Soil ____
Percolation Rate Existing
Topography ____
Depth to Water Table ____
Rock or other impervious formations S.T. system.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

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

16 top pit installed.
Installed by Harlee Hackney

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-21-82

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