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 ERNIE BENGE DATE 5-2-91. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N - T.R. on Chipley Ford Rd. - 2nd house on left past Crossmite Rd. S. R. No. _____

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

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

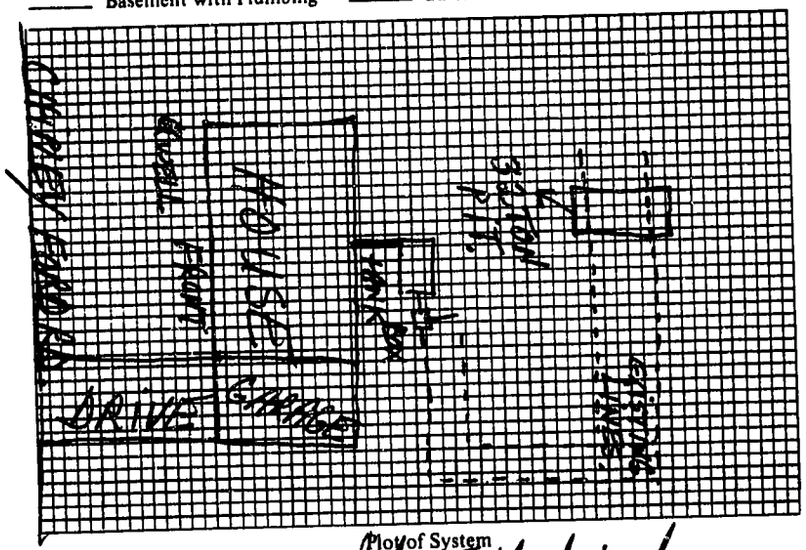
No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area Limited.			Rock or other impervious formations	Repair.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 2 TANPIT
Sq. Ft. 30 Linear Ft. INSTALLED.
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by Kenny Pearson

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Hedrick

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-2-91.

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