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 Jack Neal DATE 7-6-83 PERMIT NO. 220

PHONE: Business _____ Home _____

LOCATION Hwy 115-21 N TR 1312 TL 1316 ~ ¼ mile ON left

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

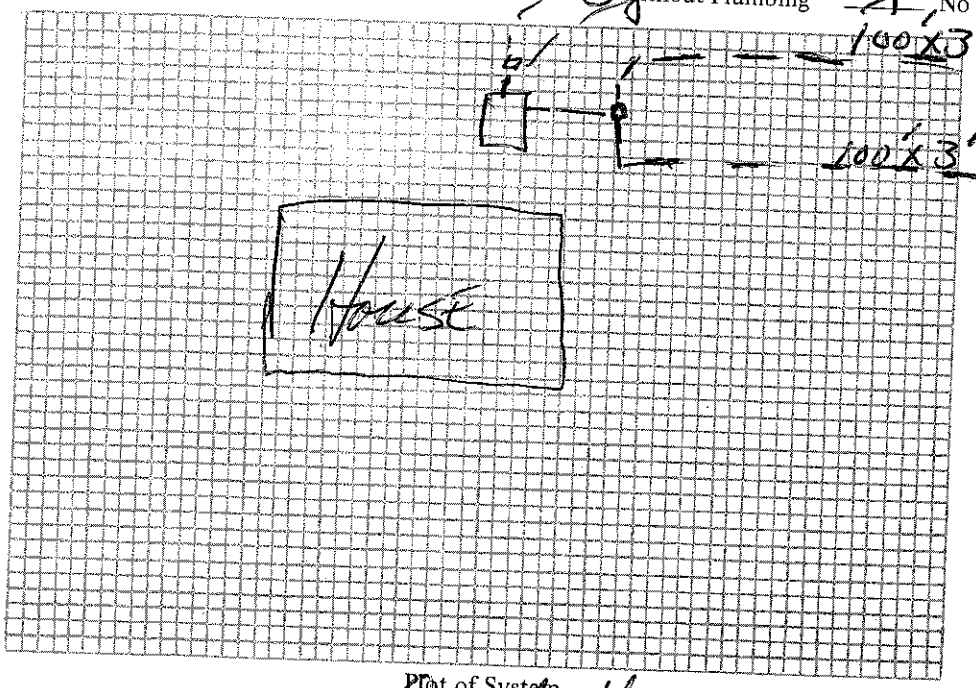
House (X) Mobile Home ( ) Business ( ) Other REPAIR

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~ 3½ ACRE EXISTING SYSTEM

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual X

Public ( )

Installed by Sam Oswalt

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jack Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 7-6-83

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.

DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold