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 LARRY ROCHESTER DATE 3-25-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 south to Delap-Troutman, T.R. on Autumn Leaf Rd. that goes into Wagner Heights - 1st brick house on left after Wagner Heights Sign. S. R. No. _____

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

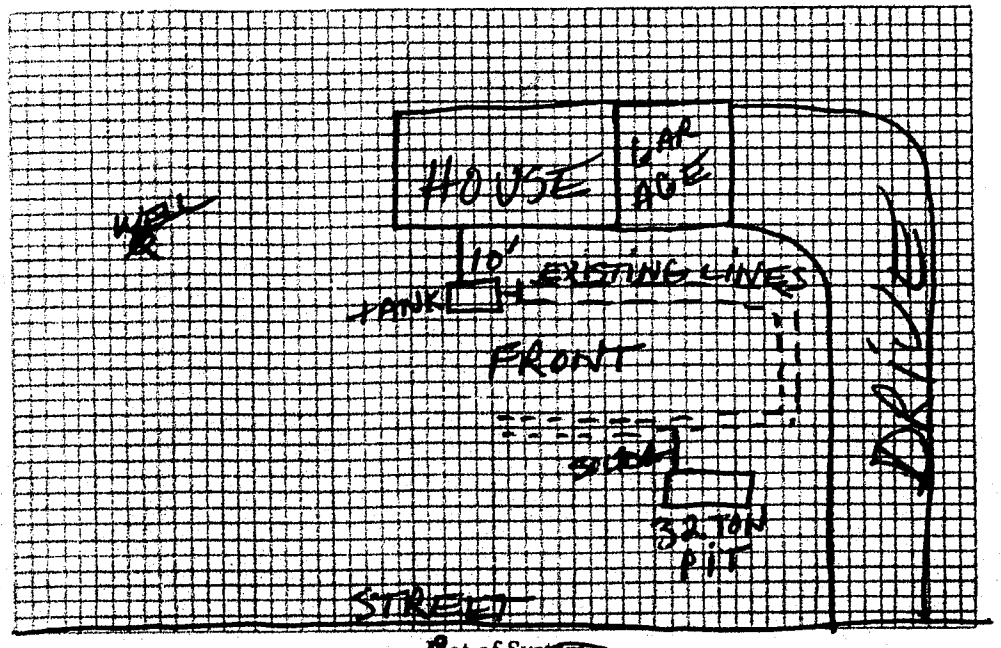
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Ample

_____ 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 ( )

32 TON PIT INSTALLED.

Installed by Eddy Yount

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Please check plumbing fixtures for leaks.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-25-83

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