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 MRS. A.D. ROBBINS DATE 6-5-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 Hwy Troutman - T.R. on Rose St to Rd (across from Knitwear Inc) - 1st house on left. S. R. No. _____

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

House (4) Mobile Home ( ) Business ( ) Other Repair

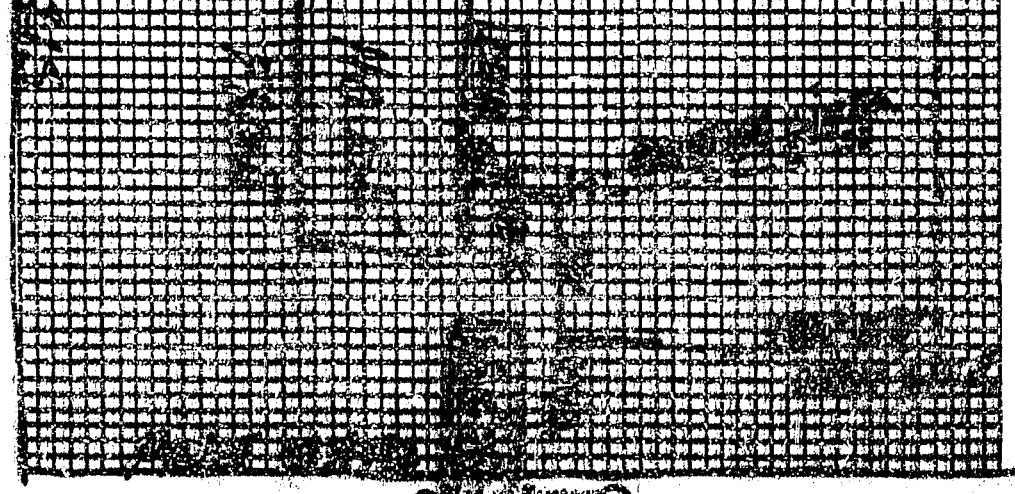
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes (4)	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 4 No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 12"
Water Supply: Individual (4)
Public ( )

Installed by AAA ENTERPRISES

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New Line in side of tank

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