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 Steve Haithcok DATE 4-11-90 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION Amity Hill Rd Turn on Hugo Lane last Hse on Rt. S. R. No. ______

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

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

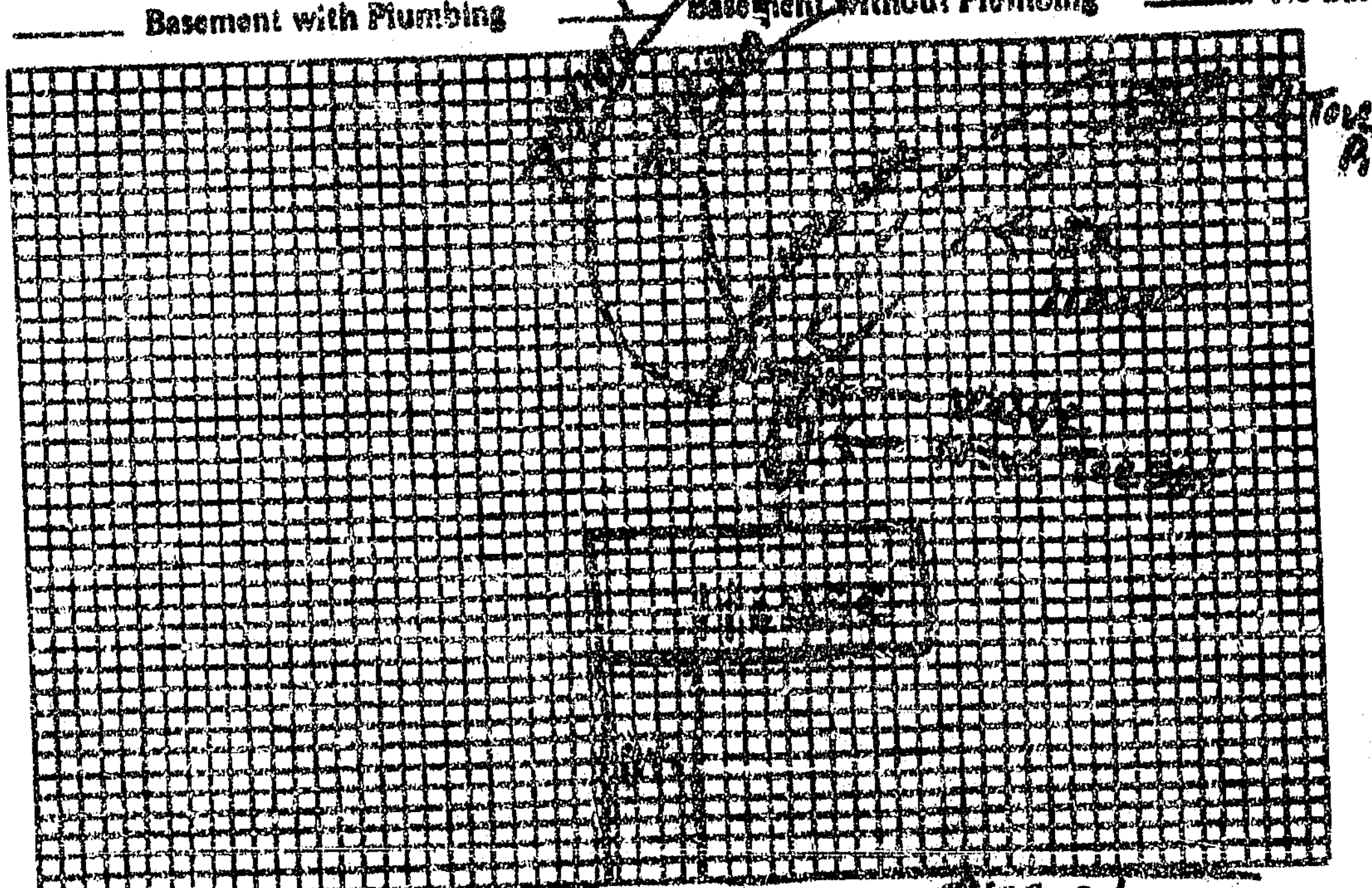
No. Bedrooms ______ No. Bathrooms ______

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

Character & Porosity of Soil Clayey
Percolation Rate 14
Topography 7% to 20
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area ______

______ Basement with Plumbing ✓ Basement without Plumbing ______ No Basement



Plot of System Street

Size of Tank Existing GAL.
Nitrification Field: 2
No. of Lines ______
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

+ 16 Ton Pit

Installed by Donald Lackey

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

Signed: ______

IMPROVEMENTS PERMIT BY L.C. Moore

COMMENTS: New lines are on No. 2 on value switch every 6 months.

CERTIFICATE OF COMPLETION BY L.C. Moore DATE 4-11-90

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