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 Elizabeth Brown DATE 10-21-87 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1025 Wall St.

____ S. R. No. ____

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

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

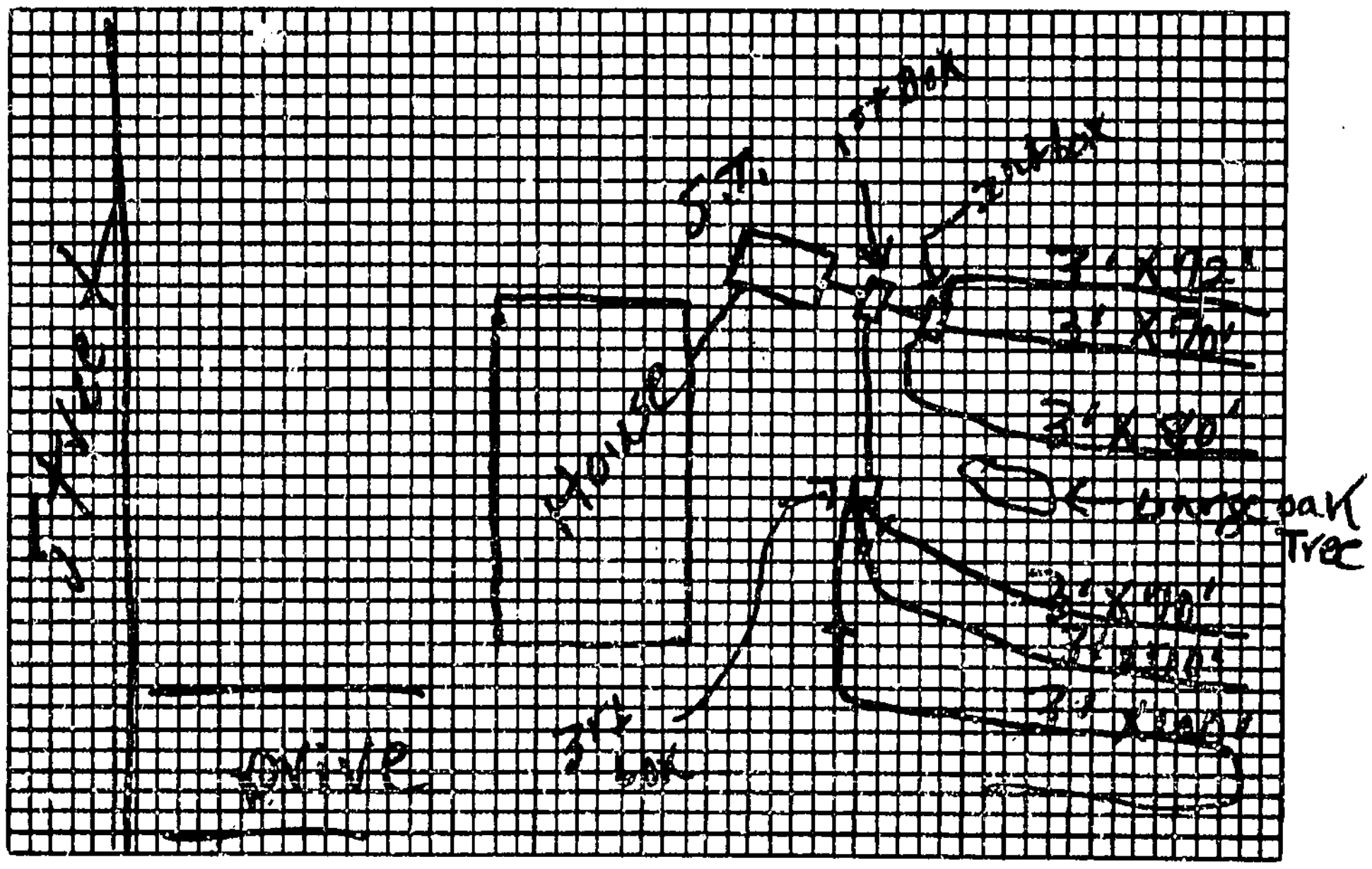
No. Bedrooms 4 No. Bathrooms 3

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 .35
Topography 2+06%0
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 15,000 sq'

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1386 Linear Ft. 462
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

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: ____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 10-21-87
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