IREDELL COUNTY HEALTH DEPARTMENT

Repair (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mary Tillinghast DATE 5/13/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy. 70 E, TR Barkley Rd, TR Rockwood Lane, TL Dallas Lane, 2nd hse. On left. S. R. No. _____

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

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

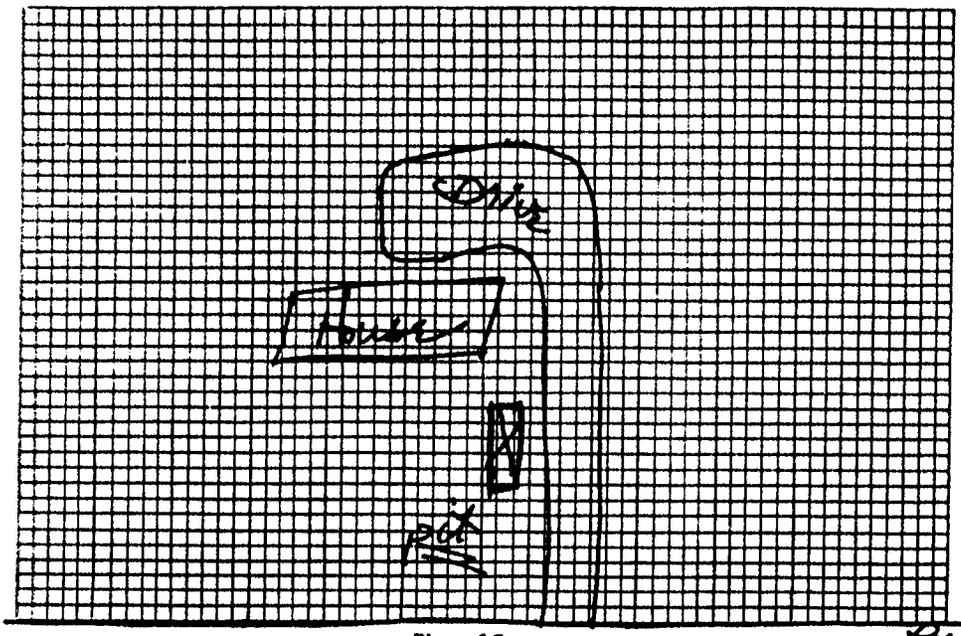
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Repair
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations

Lot Area _____

X 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 ( )

Installed by Simon

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox, Jr.

COMMENTS: 1½ ton Pit Repair

CERTIFICATE OF COMPLETION BY Glenn Fox, Jr. DATE 5/13/86

EXISTING SYSTEM CHECKED BY: _____ DATE _____ CFL

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