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 FORD MILLER DATE 4-20-89 PERMIT NO. 11A

PHONE: Business _____ Home _____

LOCATION Corner of Nixon Rd. & Cooper Farm Rd.

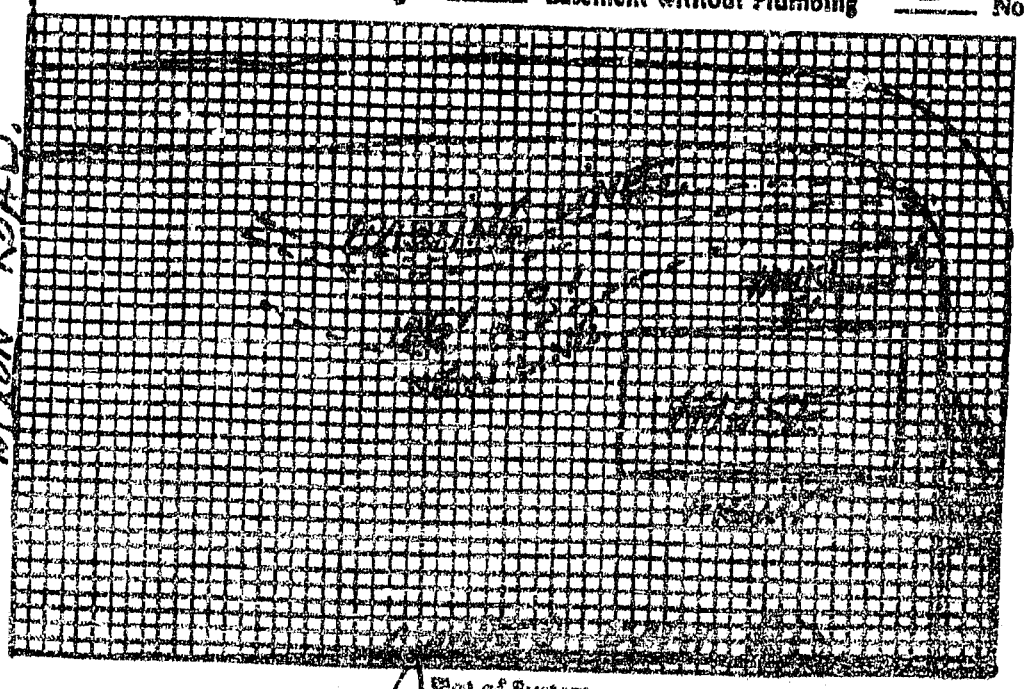
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Sandy clay loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	Good
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'
Lot Area	Ample		Rock or other impervious formations	None observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Jimmy Cotton

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Myers

COMMENTS: New tile installed in side of tank for new line. System had been backing up into house.

CERTIFICATE OF COMPLETION BY: Steve Brown DATE 4-20-89.

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