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 Rawleigh miracle DATE 11-24-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 425 victoria Dr.

S. R. No. _____

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

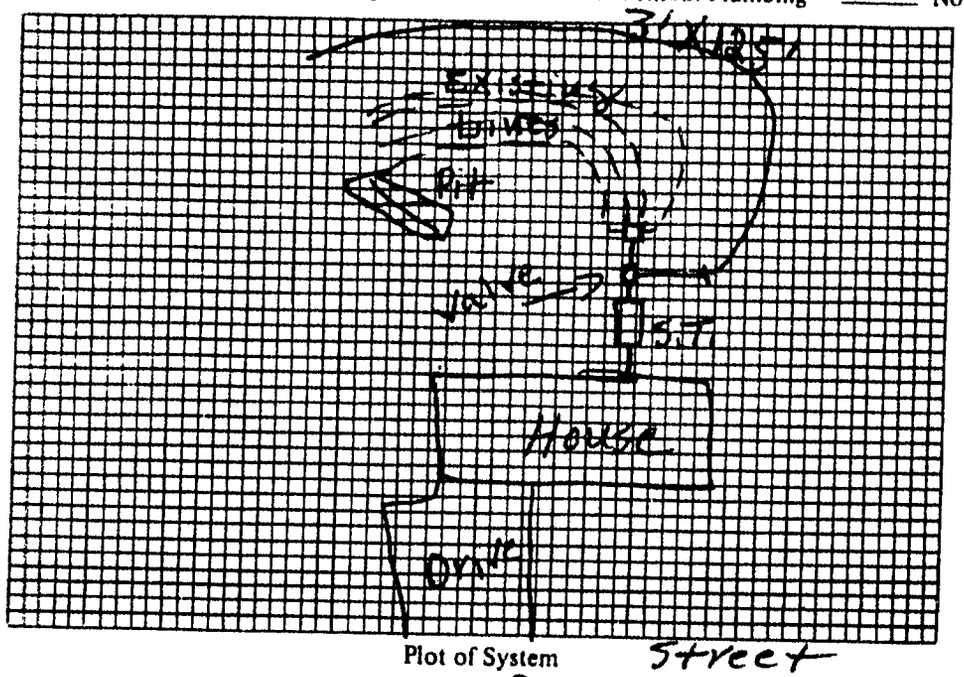
House ( ) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 20
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10' +
			Rock or other impervious formations	None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

315 Sq. Ft. [redacted] Linear Ft. 125

Depth of Stone in Lines 1

Water Supply: Individual ( )

Public (✓)

+16 Ton Pit + Bull Run valve

Installed by AAA Enterprises

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: New line is no. 2 on valve old lines is no. 1.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 11-24-86

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