38507

IREDELL COUNTY HEALTH DEPARTMENT

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

12130

OWNER OR CONTRACTOR HOME FEDERAL S&L DATE 10/26/90 PERMIT NO. 1361-A-L

PHONE: Business 873-4142 Home

LOCATION US 21 N, TL JENNINGS RD, TL FRIENDSHIP, 2ND HOUSE ON (L) PAST POND. S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

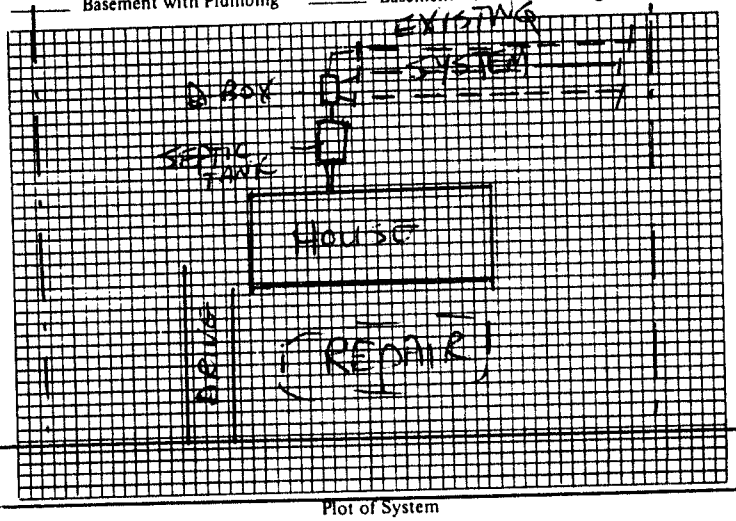
No. Bedrooms 5 No. Bathrooms 2

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

Lot Area ADEQUATE

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

Basement with Plumbing ____ Basement without Plumbing ____ No Basement (✓)



Plot of System

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

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS:

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: STEVE HEDRICK DATE 10/26/90

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