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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

(FRANK OSTWALT – OWNER)

OWNER OR CONTRACTOR Ricky Privette DATE 1/5/88 PERMIT NO.

PHONE: Business Home 873-1239

LOCATION 2IN TR Amity Ostwalt Rd. TR 2547. At end on R.

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil existing

Percolation Rate

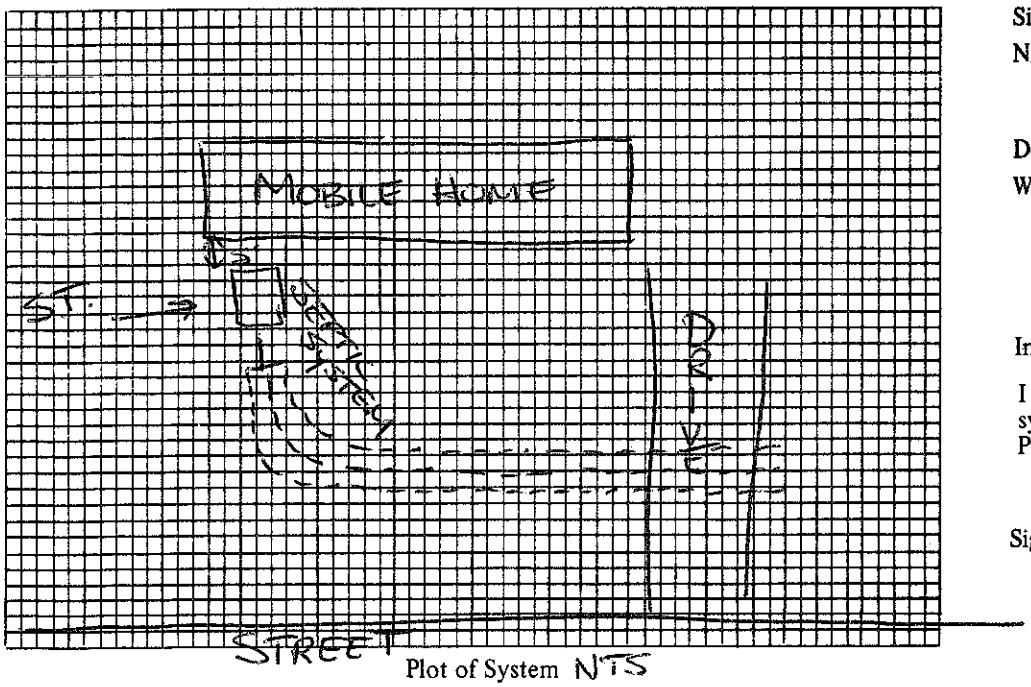
Topography

Depth to Water Table

Rock or other impervious formations

Lot Area ACREAGE

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System NTS

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

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS: NO SIGN OF SEWAGE ON GROUND SURFACE.

SHOULD PROBLEMS ARISE, CONTACT HEALTH DEPT. (664-5281)

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Andrew C Queen DATE 1/5/88

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