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 JEROME JOLLY DATE 7/12/90 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 70E TR SHILOH CH RD TL CLEMMENT TR TRENT RD TL VINCENT 1ST BRICK HOUSE ON LEFT S. R. No. ______

LOT NO. ______ SECTION OR BLOCK NO. ______

SUBDIVISION NAME ______

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 ______

Percolation Rate EX.

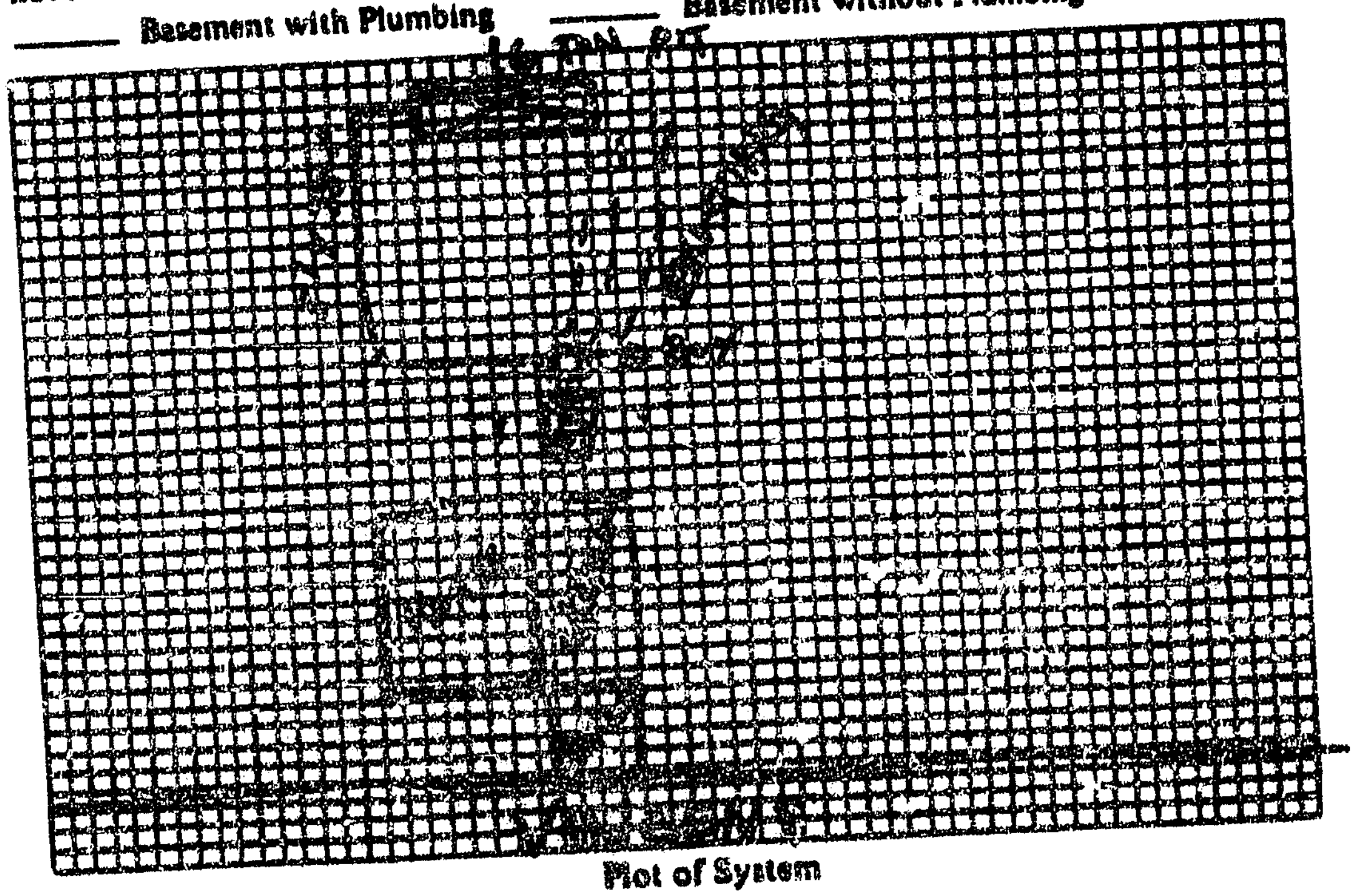
Topography ______

Depth to Water Table ______

Rock or other impervious formations ______

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank EX Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 225 Linear Ft. 75

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by DONALD LACKEY

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

Signed: ______

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: ______

CERTIFICATE OF COMPLETION BY [illegible] HEDRICK / J. C. MOORE DATE 7/12/90

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