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 Johnny Massey DATE 9-6-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Sigmon Dr. Rt 15 Box 171

S. R. No. _____

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

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

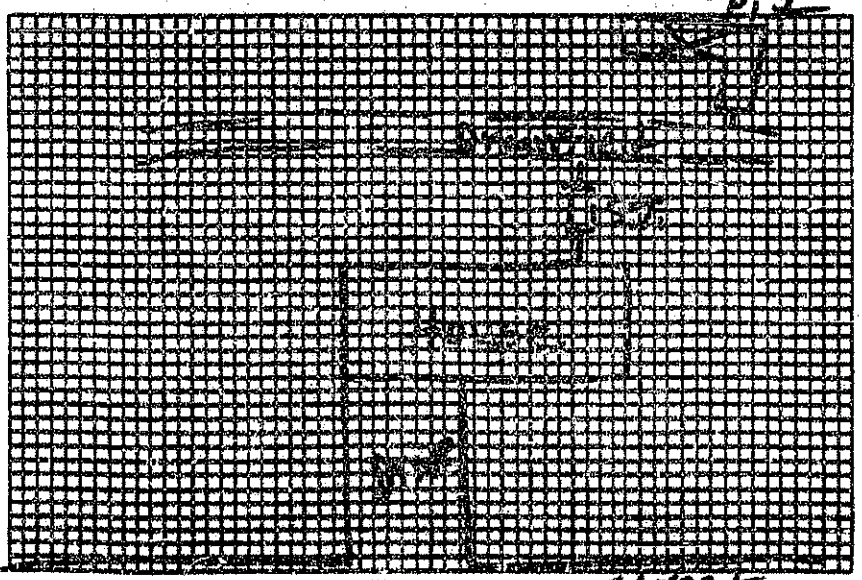
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate		
Auto. Dishwasher	Yes ( )	No ( )	Topography	Ex	
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table		
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations		

Character & Porosity of Soil _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing Pit No Basement



Plot of System

Size of Tank Ex Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

32 Ton Pit

Installed by Donald Zachary

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

Signed: _____

IMPROVEMENTS PERMIT BY F. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 9-6-90

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