City

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 Sarah Warren DATE 11-16-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Corner of E. Greenbrair & Freedom Dr.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

House ( ) Mobile Home (✓) Business ( ) Other Repair SECTION OR BLOCK NO. _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Clayey

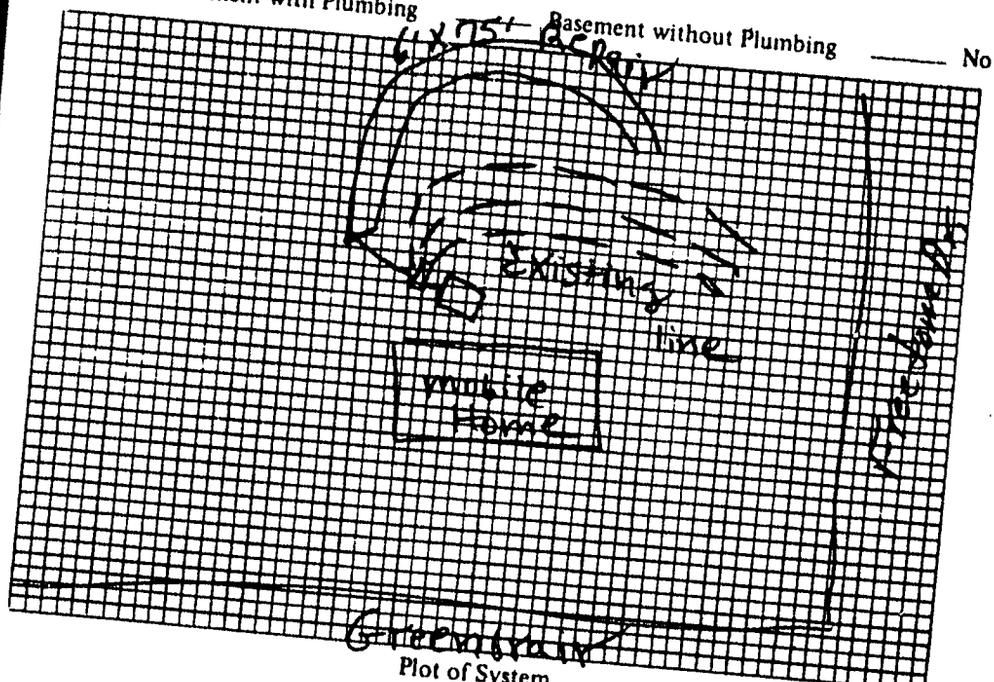
Percolation Rate 45 sec

Topography Level

Depth to Water Table 10'+

Rock or other impervious formations none

_____ Basement with Plumbing 6'x75'+ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 150 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by William Cuthbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: landscape so that surface water will not stand over system

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: R. C. Moore DATE 11-16-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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