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 Jon Anderson DATE 2-28-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2608 Sherwin Dr.

SUBDIVISION NAME Mitchell Mill LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

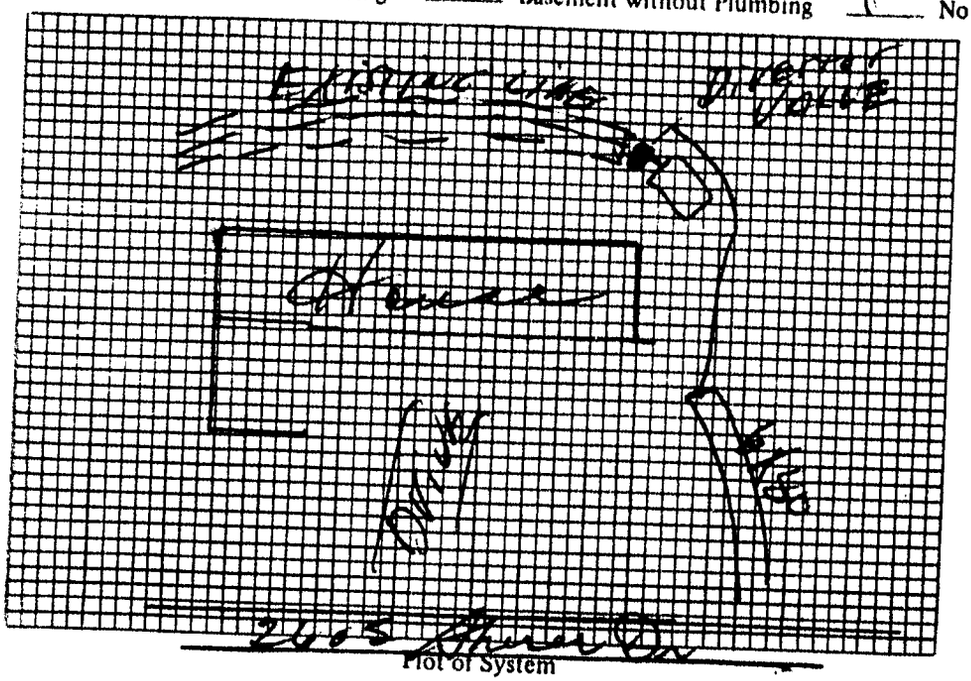
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Clayey
Percolation Rate 4
Topography 2-6% Slope
Depth to Water Table 12+
Rock or other impervious formations None

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Jim Smith Const. Co.
Johnny L. Hayes

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Bell DATE 2/28/86

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