IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

DATE 6-1-89 PERMIT NO. D-11

OWNER OR CONTRACTOR Ruth Fish

PHONE: Business _____ Home _____

LOCATION 645 5th Hse on L. Post Mustin J. R. No. _____

Bleachery

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Character & Porosity of Soil _____
Percolation Rate Ex.
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Size of Tank Ex. Gals.
Nitrification Field:
No. of Lines 3 / 1
Sq. Ft. 300 Lineal Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Ex. line

Plot of System

Installed by Donnell Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY D. Mercer

COMMENTS: _____

DATE 6-1-89

CERTIFICATE OF COMPLETION BY J. C. Moore DATE _____

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