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 Pat O'Conner DATE 4-6-89 PERMIT NO. B-11

PHONE: Business _____ Home _____

LOCATION Brookview Rd

S. R. No. _____

SUBDIVISION NAME Country Side Estates LOT NO. 3 SECTION OR BLOCK NO. _____

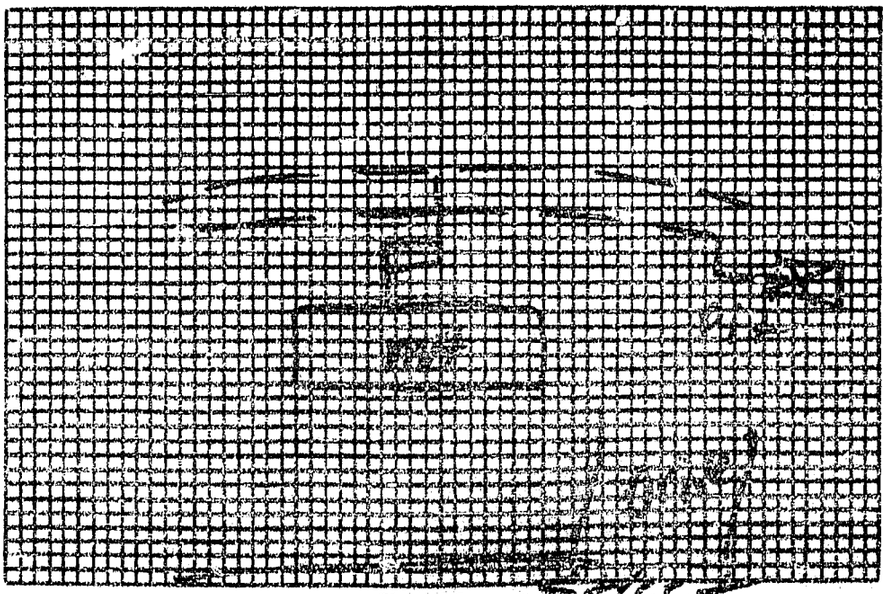
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	_____
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	_____
Auto. Wash. Machine	Yes ( )	No ( )	Topography	_____
Site Suitable	Yes ( )	No ( )	Depth to Water Table	Repair
			Rock or other impervious formations	_____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Street

Size of Tank Existing gal.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

32 Ton Pit

Installed by J. C. Forgh

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: Repair was point in before it was covered.

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 4-6-89

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