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 Harold Buttke DATE 2-11-81 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION 64E TL on Old Mocksville Rd 1½ mi on R. S. P. No. _____

SUBDIVISION NAME _____ LOT NO _____ SECTION OR BLOCK NO _____

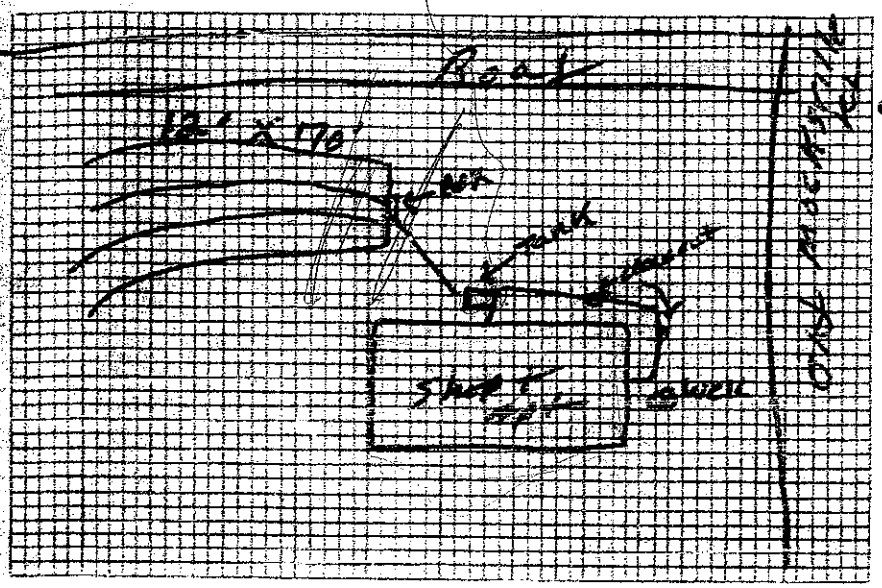
House ( ) Mobile Home ( ) Business ( ) Other Shop + Apt.

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil cecil clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 6 gal / 55'
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 to 6 %
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+
			Rock or other impervious formations none

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
975 Sq. Ft. _____ Linear Ft. 350'
Depth of Stone in Lines 16"+

Water Supply: Individual (✓)
Public ( )

Installed by Self Installed

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Sow grass cover over lines.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 2-11-81

EXISTING SYSTLM 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 on this Improvements Permit

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