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 T.C. Spell DATE 3-13-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 624 St Cloud S. R. No. _____

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

Character & Porosity of Soil Clayey
Percolation Rate 3
Topography 2 to 10
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 gal Pump T. Ex S.T. Gals.

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

266 16" T+J Panel

Installed by Eddie Yarnutz & Sons

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

Signed: _____

Bull Run valve New lines are on No. 2

Plot of System

IMPROVEMENTS PERMIT BY R.C. Moore

COMMENTS: Existing well must close according to DEHS standards and attached. Wire Pump & Alarm according to Iredell Co. Building Inspections Standards

CERTIFICATE OF COMPLETION BY R.C. Moore DATE 3-13-90

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