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 Jay Haithcox DATE 11-2-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E TR on Bell Rd before Skyview Dr. TR on Private Rd 1st Hse on Rt. S. R. No. _____

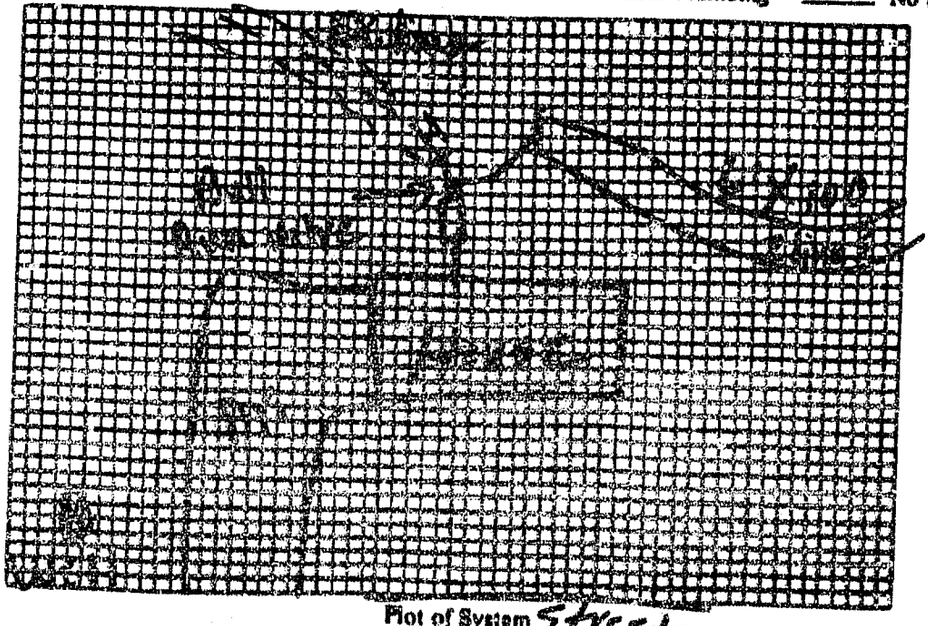
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	12
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Fairly
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'
Lot Area _____			Rock or other impervious formations	None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Street

Size of Tank Ex. Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: New lines are on No. 2 on valve Switch every 6 mos.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 11-3-89

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