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 PRO Comp Group Home DATE 8-13-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E ½ mi on Rt Past Greenbrair Rd

_____ S. R. No. _____

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

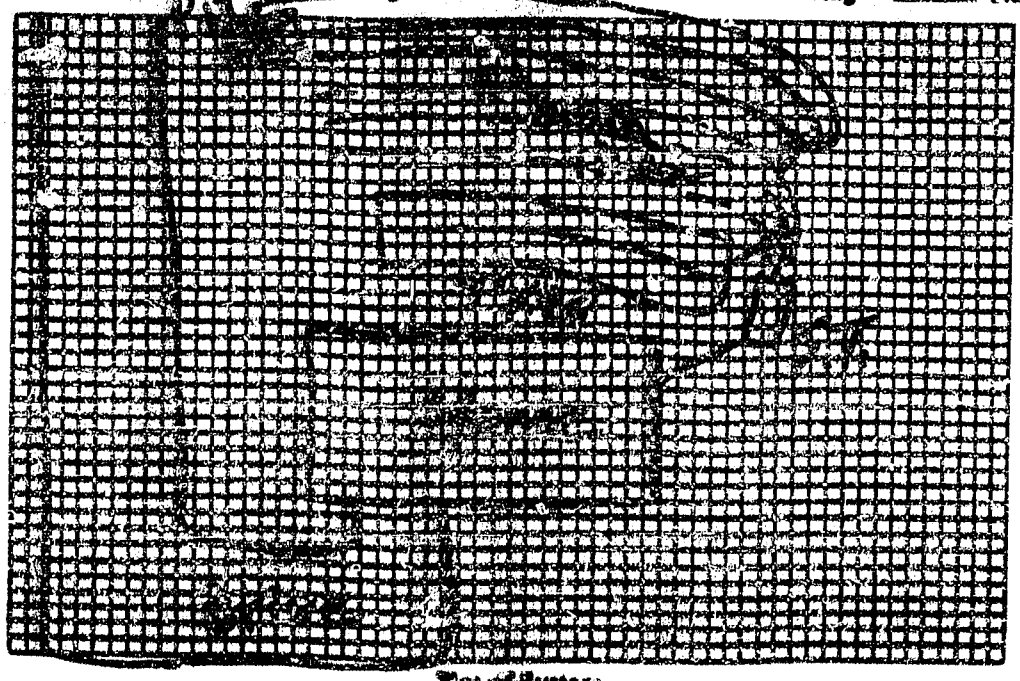
House ( ) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	45
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Rolling
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	None

Lot Area _____

_____ Basement with Plumbing 9'x10' Basement without Plumbing _____ No Basement



Size of Tank EX 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 420 Lineal Ft. 500
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (1)

Plan of System

Installed by Lash Stone Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: Gutters were rerouted around Drain lines.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 8-13-90

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