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 Larry Rosenfeld DATE 3-10-86 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 251 Glen Eagles Rd

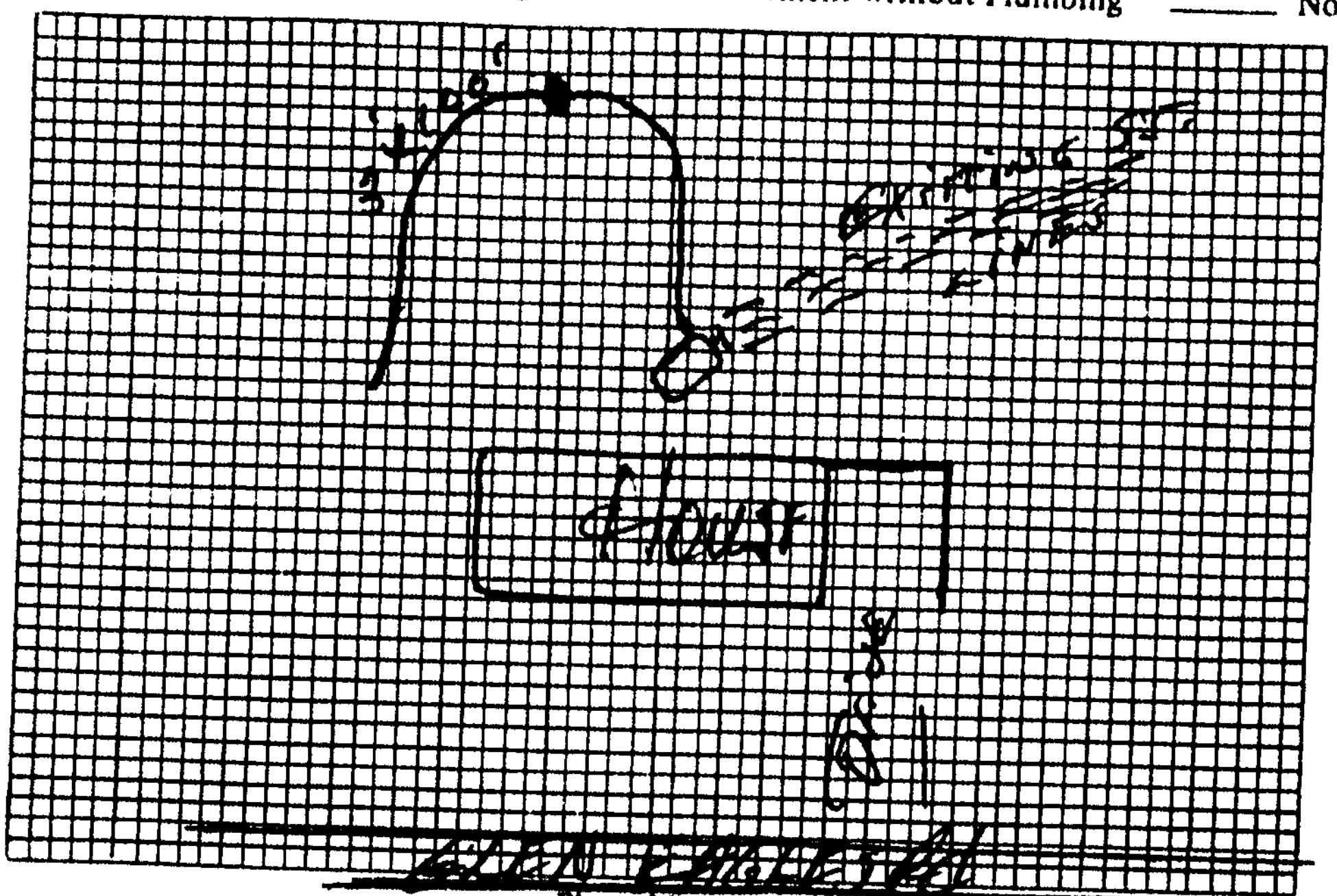
SUBDIVISION NAME Shannon Acres ____ S. R. No. ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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

Repair

No. Bedrooms ____	No. Bathrooms ____	Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( ) No ( )	Percolation Rate	
Auto. Dishwasher	Yes ( ) No ( )	Topography	Existing
Auto. Wash. Machine	Yes ( ) No ( )	Depth to Water Table	
Site Suitable	Yes ( ) No ( )	Rock or other impervious formations	
Lot Area ____			

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 16"

Water Supply: Individual (✓) Public ( )

Installed by [signature]

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY [signature]

EXISTING SYSTEM CHECKED BY: ____ DATE 3/10/86

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