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 Ross W. Mayes DATE 6-19-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E Troutman SR 2158 - 2nd House on left past Chestnut Grove Rd S. R. No. _____

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

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

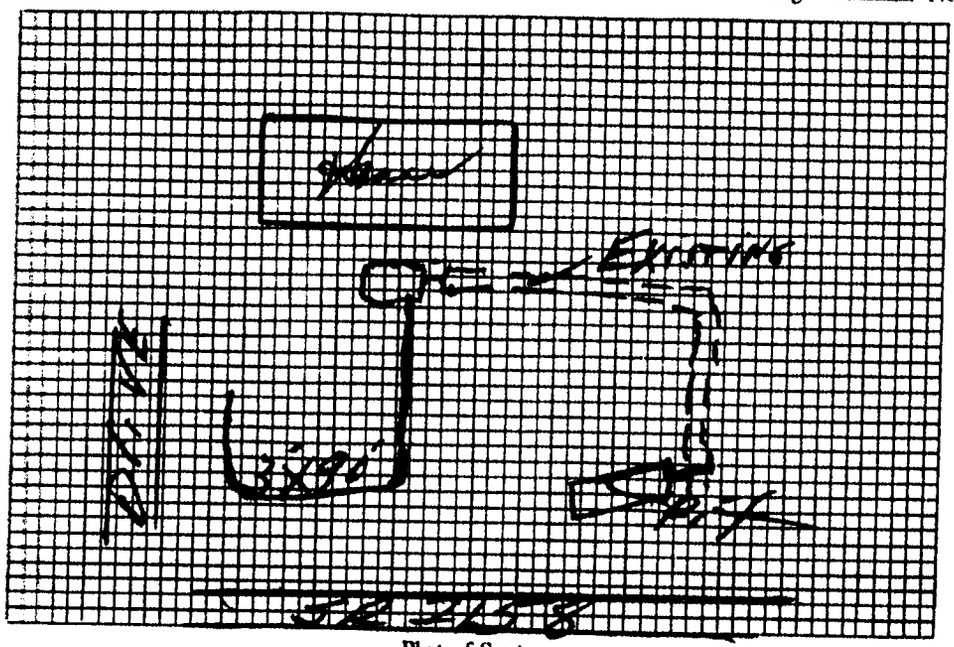
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area _____

Character & Porosity of Soil Repair
Percolation Rate _____
Topography Undulating
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field
No. of Lines 1
Sq. Ft. 220 Linear Ft. 90 Tot.
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public ( )

Installed by Paul Page

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/19/86

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