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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 Phillip Redmond DATE 6-1-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N on left Just Past Damascus Ch Rd

S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other 25 seat Restaurant & conv. store

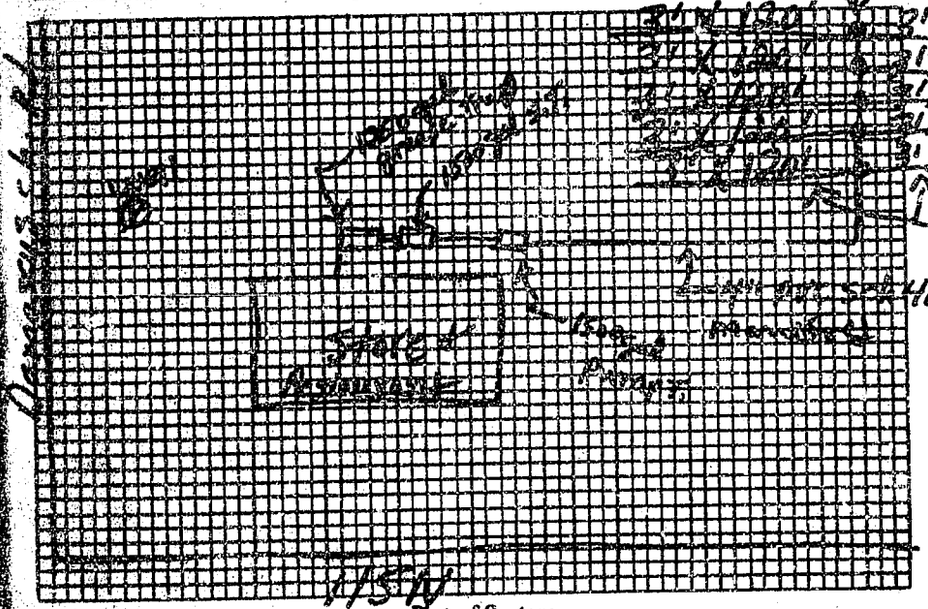
No. Bedrooms _____ No. Bathrooms _____

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 28 gal/sq ft/day
Topography 2 to 12%
Depth to Water Table 10'+
Rock or other impervious formations Metling 30 to 36"

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

2" Gatevalves

1250 gal Grease Trap
1500 gal Septic Tank
Size of Tank 1500 gal Pump Tank Gals.

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

Installed by Dennis Gallihen
A-1 Back hoe

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

Signed: _____

10 Lines each 120' long
Total 1200' 3600 sq'
12" Stone

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 6-1-87

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