IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12015

OWNER OR CONTRACTOR LAURA LAMBERT DATE 9/24/90 PERMIT NO. 14J-A-46

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR WILSON FORD RD, TL HICKS (2) END ON (L)

S. R. No. _____

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

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

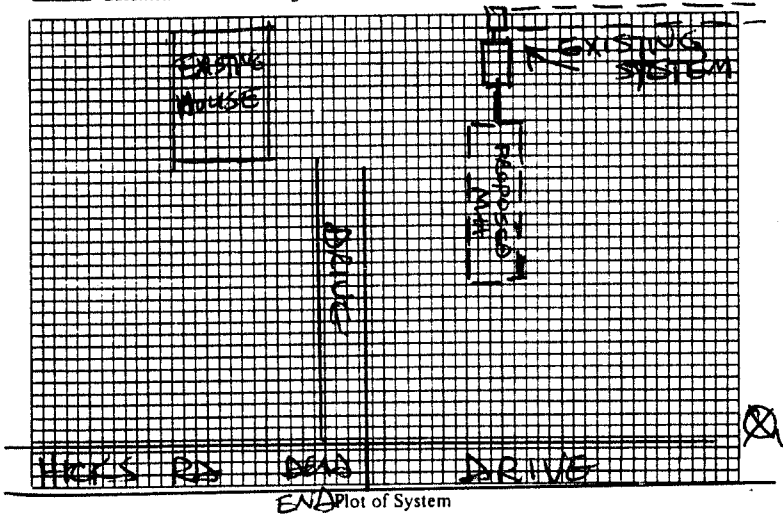
No. Bedrooms 2 No. Bathrooms 1

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

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

Lot Area 11.13 Ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. EXISTING Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (L) NEIGHBOR
Public ( ) WELL

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: KEEP M.H. MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: STEVE HEDRICK DATE 9/24/90

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