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 *Glover Arrington* DATE *1 31 89* PERMIT NO. *86*

PHONE: Business ________ Home ________

LOCATION *115N R Bruce Harsai' on left*

________ S. R. No. ________

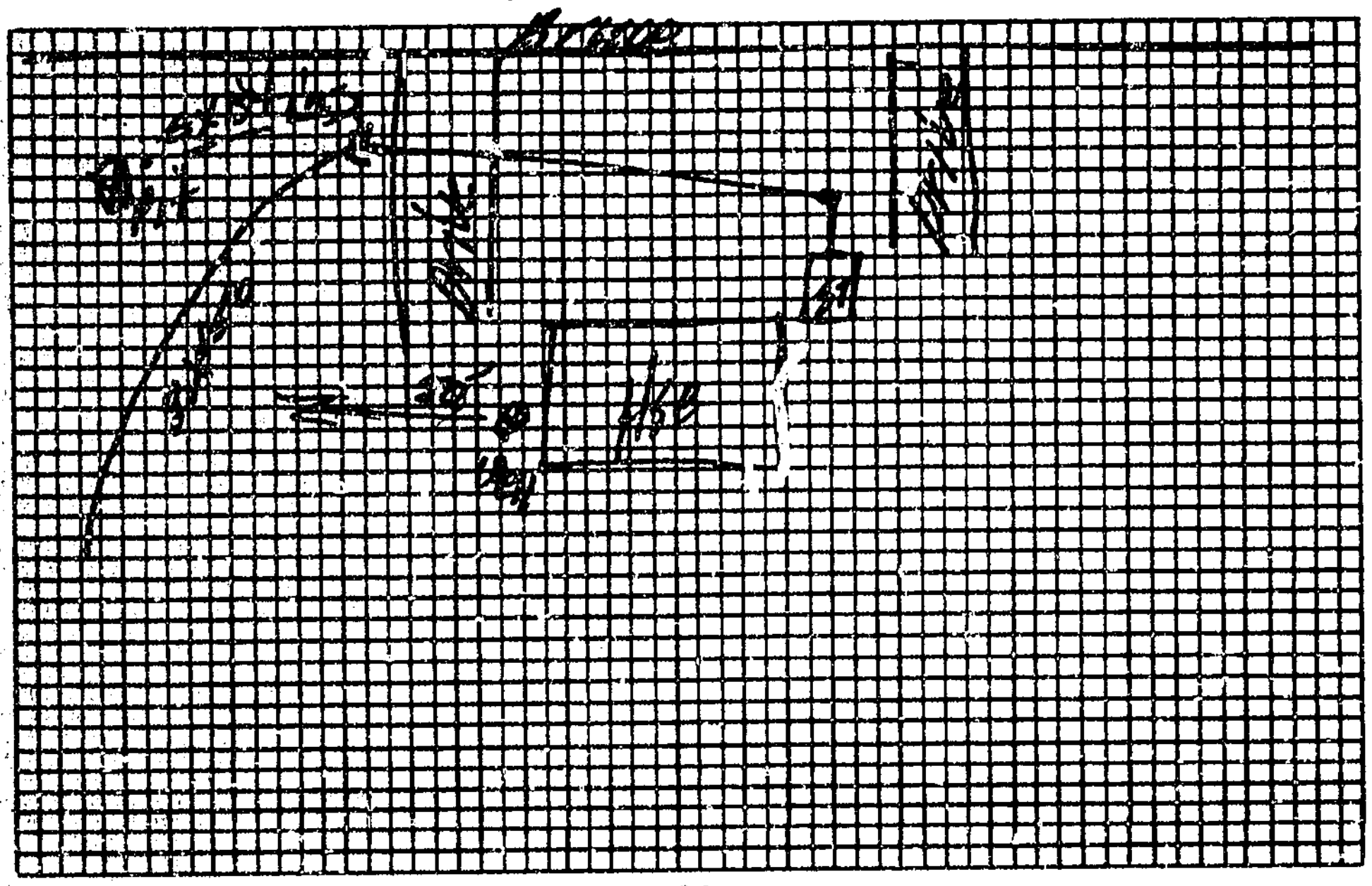
SUBDIVISION NAME ________ LOT NO. ________ SECTION OR BLOCK NO. ________

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

No. Bedrooms ________	No. Bathrooms ________		Character & Porosity of Soil *existing*
Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate ________
Auto. Dishwasher	Yes ( )	No ( )	Topography ________
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. *150* Linear Ft. *150*

Depth of Stone in Lines *12"*

Water Supply: Individual (✓)

Public ( )

Installed by *Tom Hartness*

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

Signed: ________

IMPROVEMENTS PERMIT BY *D Weaver*

COMMENTS: ________

CERTIFICATE OF COMPLETION BY *D Weaver* DATE *1 31 89*

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