IREDELL COUNTY HEALTH DEPARTMENT

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

9122

OWNER OR CONTRACTOR Croix Miller DATE 8/18/89 PERMIT NO. D2

PHONE: Business _____ Home _____

LOCATION 150 VR Prospect past Morgan Ford on left

_____ S. R. No. _____

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

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

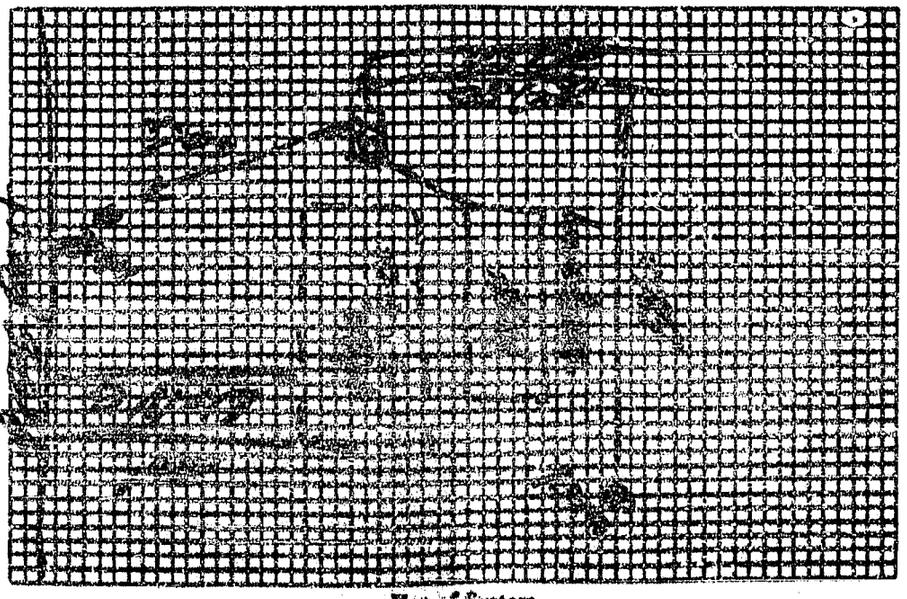
No. Bedrooms 3 (Main Future) No. Bathrooms 2½

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

Character & Porosity of Soil Dry Suitable
Percolation Rate _____
Topography Rolling
Depth to Water Table _____
Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft. 300
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by James Holder

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

Signed: _____

IMPROVEMENTS PERMIT BY Duncan

COMMENTS _____

CERTIFICATE OF COMPLETION BY Duncan DATE 8/18/89

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