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 [illegible] DATE 6-20-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Friendship Rd Turn from Bear Rd

SUBDIVISION NAME _____ S. R. No. _____

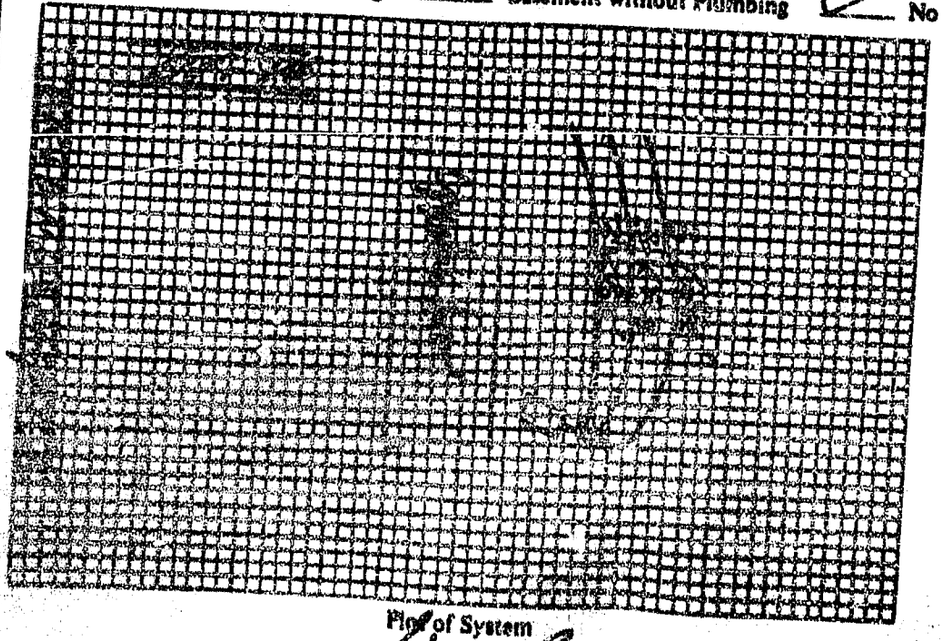
LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Loam Sandy Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Fast
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'
Lot Area 1.73 Acres			Rock or other impervious formations	None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by [illegible]

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible]

EXISTING SYSTEM CHECKED BY: _____ DATE 6/29/87

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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