IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR
OWNER OR CONTRACTOR CLARENCE MALONE DATE 2/16/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION I-77N, TL NC 901 W, TR WARREN BRIDGE RD ON (L) ~ 1.5 MI S. R. No. _____

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

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

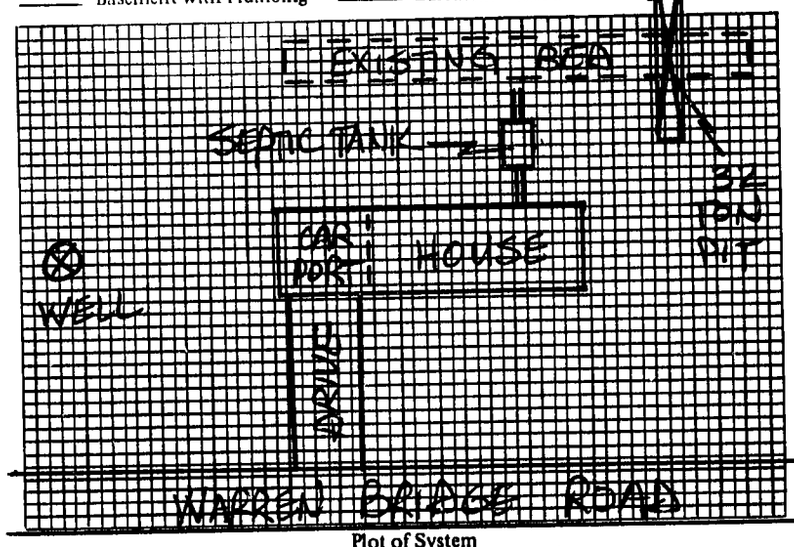
No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1 32 TON PIT
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines PIT
Water Supply: Individual (✓) WELL
Public ( )

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 7/16/91

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