Jimmy WHITE

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 BURGER BARN PHONE: Business _____ Home _____ DATE 6-2-86 PERMIT NO. _____

LOCATION I77 NORTH - T.L. on Hwy 901 - 1/4 mi. on left.

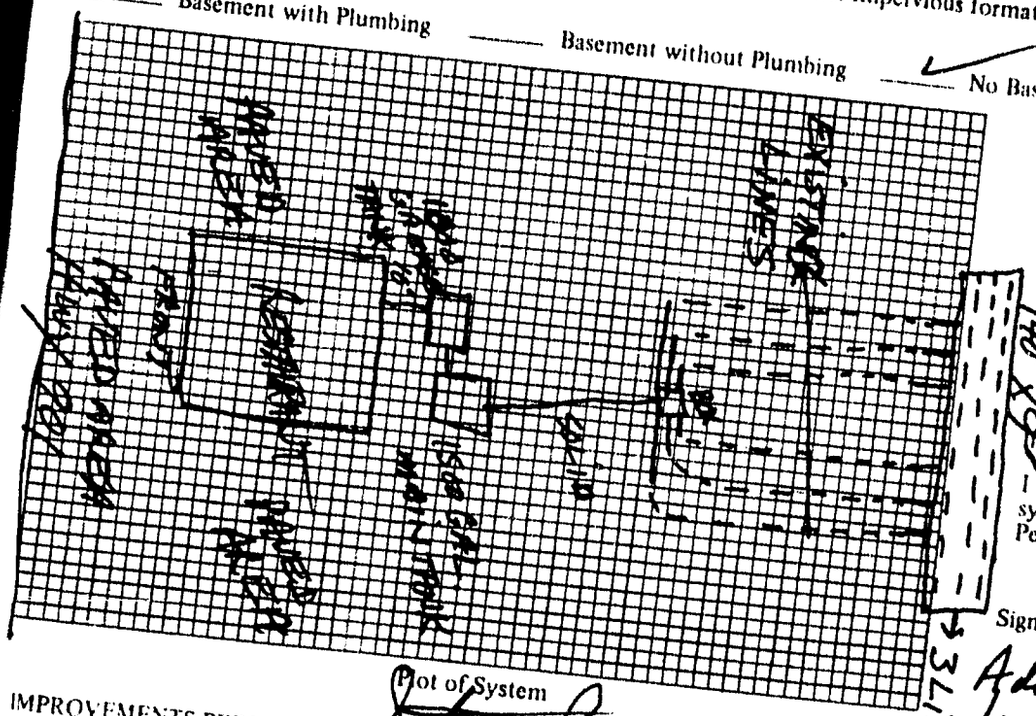
SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

House ( ) Mobile Home ( ) ~~RESTAURANT~~ Business ( ) Other Repair SECTION OR BLOCK NO. _____

No. Bedrooms _____ No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
Lot Area LIMITED			Rock or other impervious formations	Repair

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING TANKS gals.

Nitrification Field:

No. of Lines 3 IN BED Linear Ft. 420

Sq. Ft. 1410 Depth of Stone in Lines 24" SAND

Water Supply: Individual ( ) 6" STONE ABOVE SAND, 4" CORRUGATED

Public (✓) Installed by James Hartless PIPE

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Pump grease tank every 3 months. Additional 150 sq. ft. of drain line installed from total of 2 extra drain field between existing lines and new repair bed.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-2-86

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