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 Phillip Sparks DATE 4-15-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 901 Granny's Restaurant + Sparks Lawnmower + chainsaw Shop S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Restaurant Repair

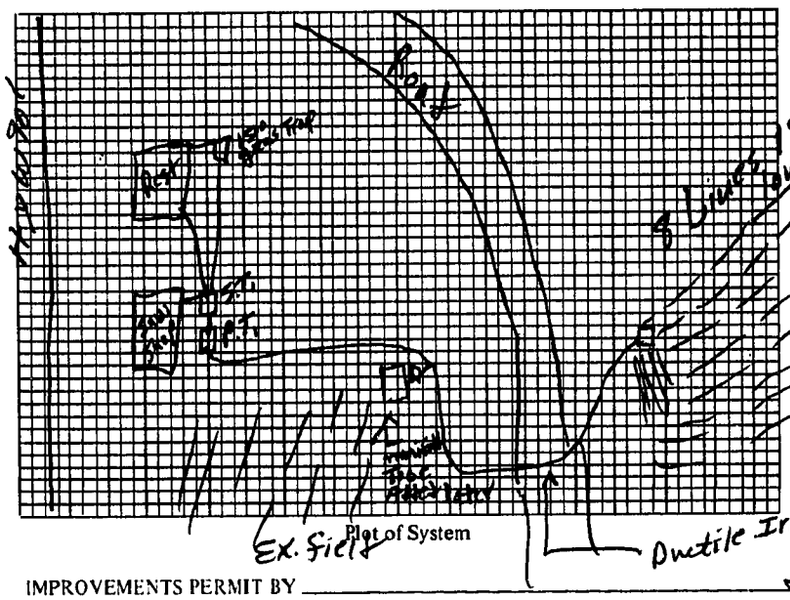
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Clayey
Percolation Rate .4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EX. Gals.
Nitrification Field:
No. of Lines 8
Sq. Ft. 3600 Linear Ft. 1200
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by A-1 Backhoe

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

Signed: _____

Pressure manifold to original Field Tied In 11-21-91

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: See Attached Drawing For Detail on System Repair.
Will be Kept in Restaurant File

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 4-15-91

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