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 Harold Handy DATE 4-12-89 PERMIT NO. 89

PHONE: Business _____ Home _____

LOCATION 77N & 26W Eagle Hills & Trinette 1st HH on Left

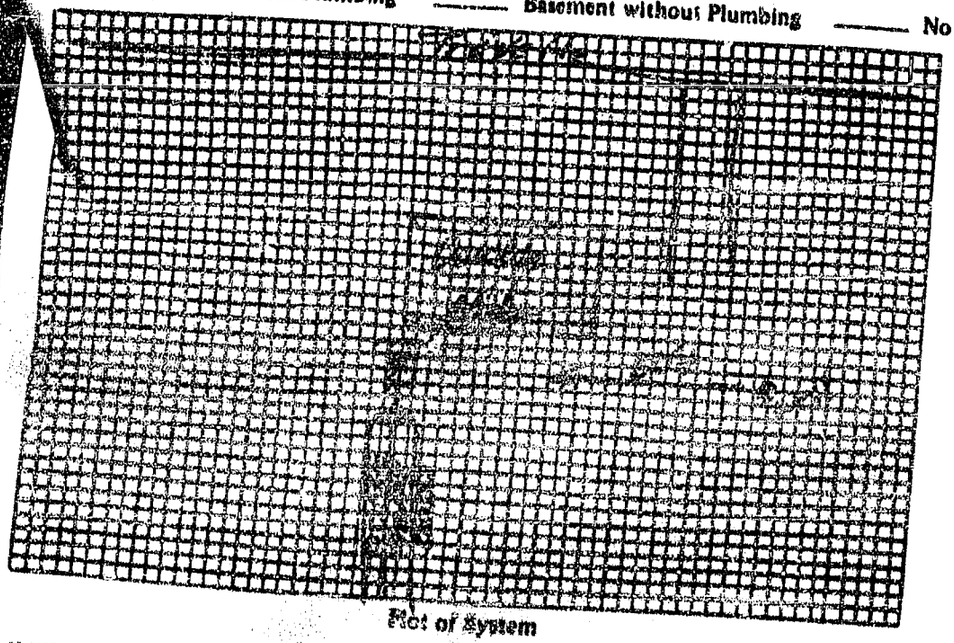
SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Sandy Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 18
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Flat
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'
Lot Area Bank			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 5
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by A Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY R Keaton

COMMENTS: Key Lot @ Lot 2' From ST System

CERTIFICATE OF COMPLETION BY R Keaton

EXISTING SYSTEM CHECKED BY: _____ DATE 4-18-89

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