42879

IREDELL COUNTY HEALTH DEPARTMENT

14443

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

OWNER OR CONTRACTOR MILLARD BOBBY KNIGHT DATE 4/10/92 PERMIT NO. 17A-A-21

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TL SHEFFIELD ROAD, LAST MH on (R) BEFORE DAVIE COUNTY LINE. S. R. No. _____

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

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

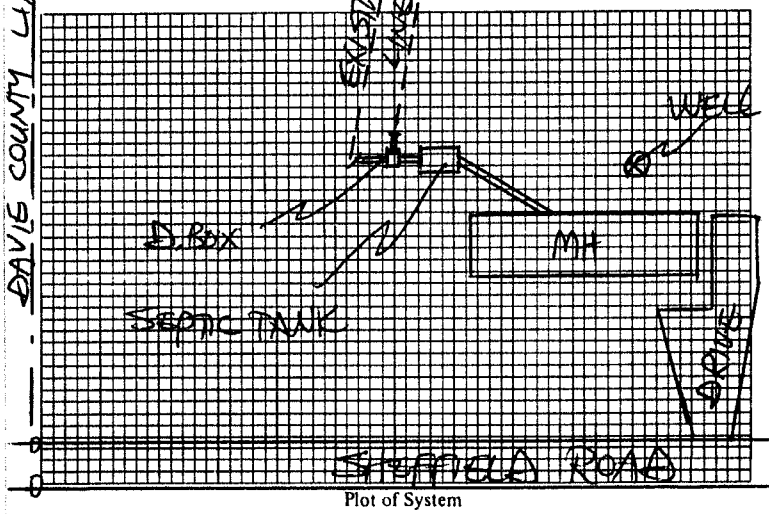
No. Bedrooms 3 No. Bathrooms 2

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 EXISTING
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: STEVE HEDRICK DATE 4/10/92

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