IREDELL COUNTY HEALTH DEPARTMENT

11925 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

(OWNER) OR CONTRACTOR EDITH P. JULIAN DATE 8/27/90 PERMIT NO. 176-A-41

PHONE: Business 546-2898 Home ____

LOCATION US 21 N TR 901 TL SHEFFIELD R TL RAVEN RD, 2ND M.H ON (L) S. R. No. ____

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

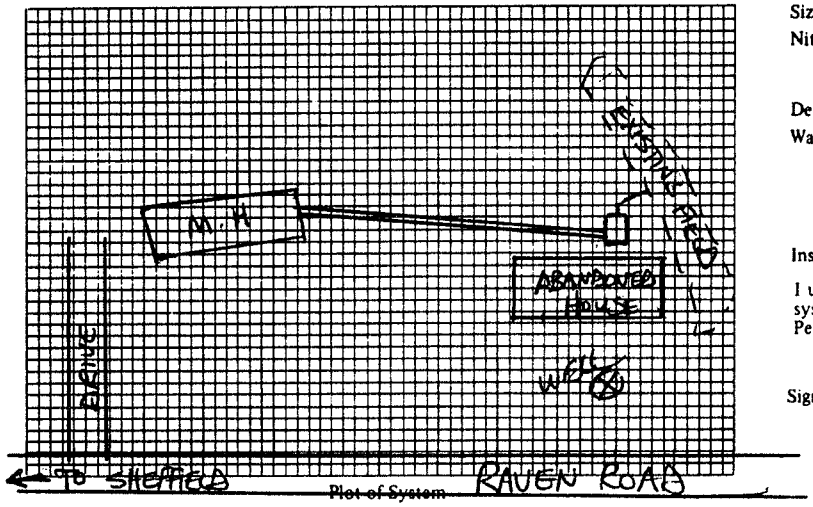
House ( ) Mobile Home (✓) Business ( ) Other EXISTING

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area AMPLE

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Size of Tank ____ Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. ____ Linear Ft. ____
Depth of Stone in Lines ____
Water Supply: Individual (✓)
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~~ HEADRICK / GLENN FOX JR DATE 8/27/90

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