IREDELL COUNTY HEALTH DEPARTMENT

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

8512
OWNER OR CONTRACTOR Brenda Cline DATE 92888 PERMIT NO. 84

PHONE: Business _____ Home _____

LOCATION 21N TR Houstonville TL Sandy Springs TR Amberhill Appx ½ mi on LF S. R. No. _____

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

House in Future

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

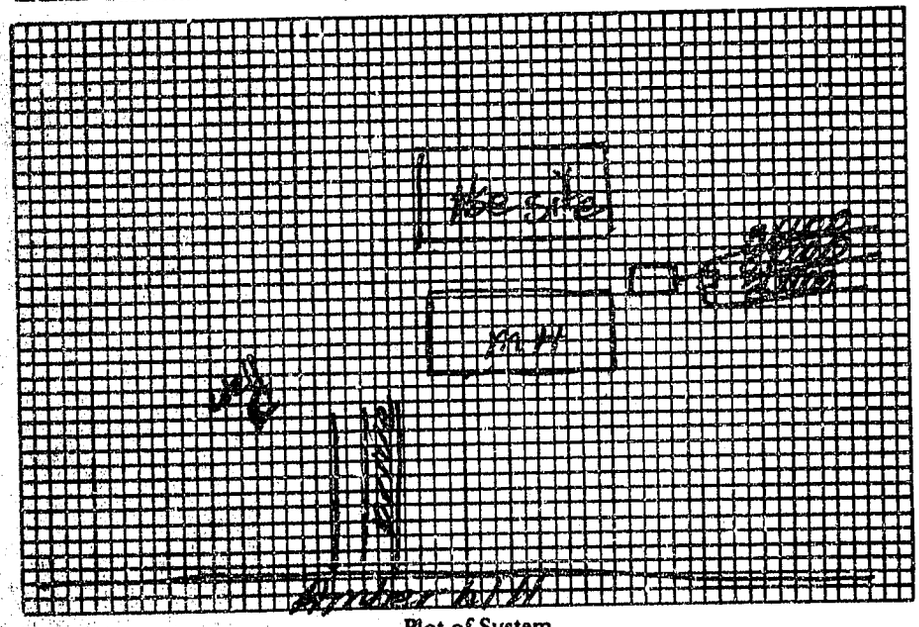
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil grav suitable
Percolation Rate 14
Topography Slightly
Depth to Water Table 18+
Rock or other impervious formations None

Lot Area 21.02 ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Sherman Dunn

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

Signed: _____

IMPROVEMENTS PERMIT BY D Weaver + Glenn Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Dukes DATE 9-25-88

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