04182

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 LYDIA BUSTLE DATE 3-18-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I40 west - T.R. on Sharon Sch. Rd. - T.L. on Lockert Dam Rd. - Across from Sharon Supermarket - then T.R. on Old Lion Rd. - 1st mail on left S. R. No. _____

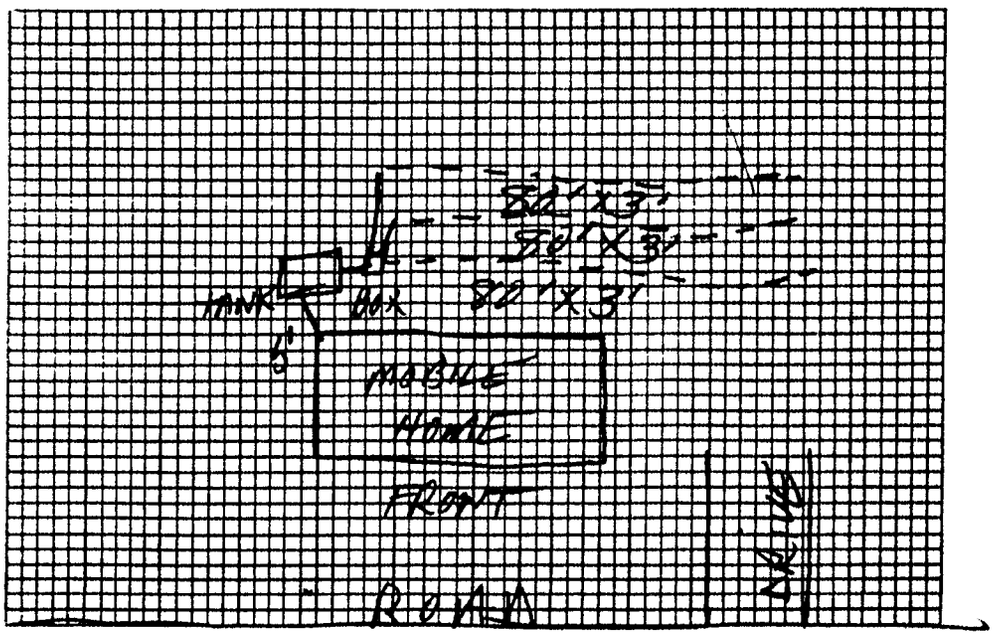
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2	No. Bathrooms 2		Character & Porosity of Soil Sper Suitable.
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate 5 gal/sq. ft.
Auto. Dishwasher	Yes ( )	No (✓)	Topography 2-6%
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table 10'+
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations none observed.

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Clint Gilleland.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Well not installed yet.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-18-86

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