03071

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 JEFFERY CHRISTOPHER DATE 11-7-85. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 west-T.R. into dev. just before Stewarts Store - last lot on (E).

S. R. No. _____

SUBDIVISION NAME ASHLEY ACRES LOT NO. 5 SECTION OR BLOCK NO. _____

Rt. 6, Box 392

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 ( )

Lot Area 2.25 acres

Character & Porosity of Soil Grav. Suitable.

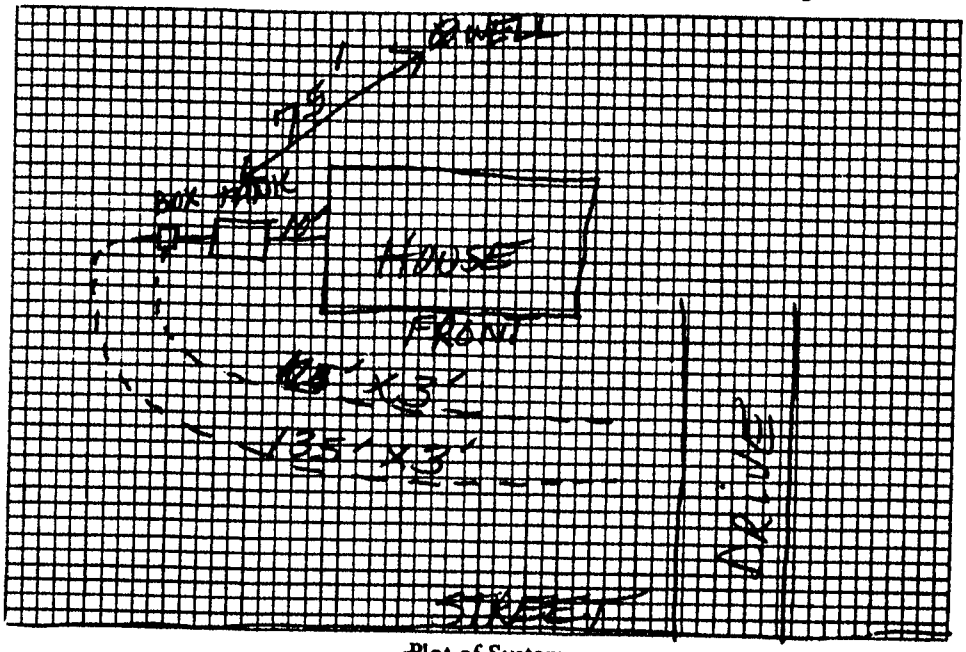
Percolation Rate 5 gal. /sq. ft.

Topography 2-6% (E)

Depth to Water Table 10'+

Rock or other impervious formations ~~none impervious~~

_____ Basement with Plumbing _____ Basement without Plumbing ~~_____~~ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 2

No. of Lines

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Cline + Gilleland.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-7-85.

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