10311

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 PATRICIA FRADY DATE 8-14-89 PERMIT NO 30-A-49 pt.

PHONE: Business _____ Home _____

LOCATION Old Statesville Rd. just S of I-40 W-on gravel 3.5 mi. E of I.R. on Lindsay Farm Rd. - 1st new on left - 1st house on left. White brick

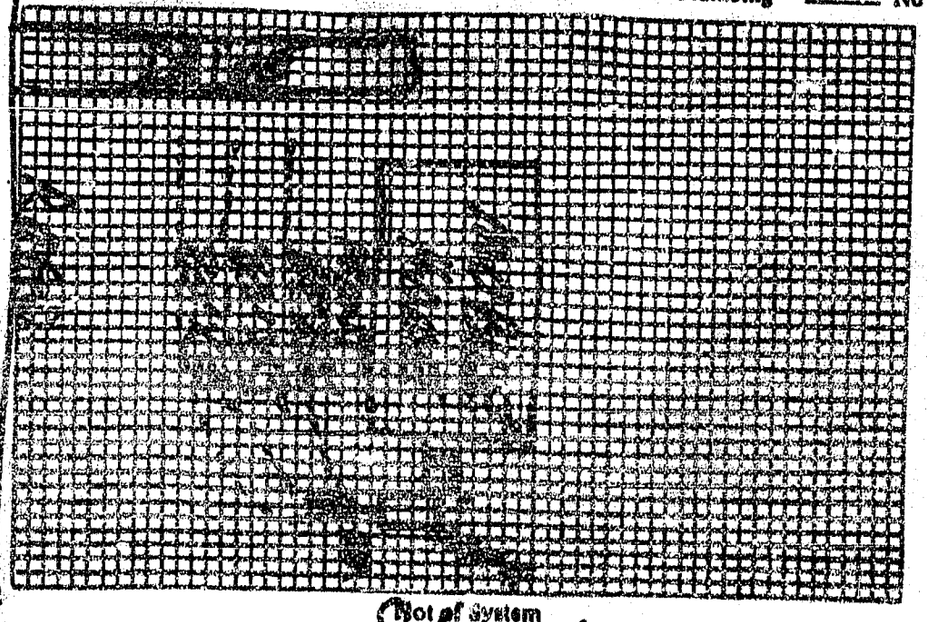
SUBDIVISION NAME WEST IREDELL ACRES LOT NO. 17 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Poor Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	60 min/in
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10' +
Lot Area 125' x 200'			Rock or other impervious formations	none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Lines By 240
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by Cliffie Farmer

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-17-89

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