06524

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 DAVID MILLSAPS DATE 4-30-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2nd Mtn. Rd. north of T40 - T.R. on Lindsey Farm Rd. go 3/8 mi. Ft. L. into dev. - 1/8 mi. on R. S. R. No. _____

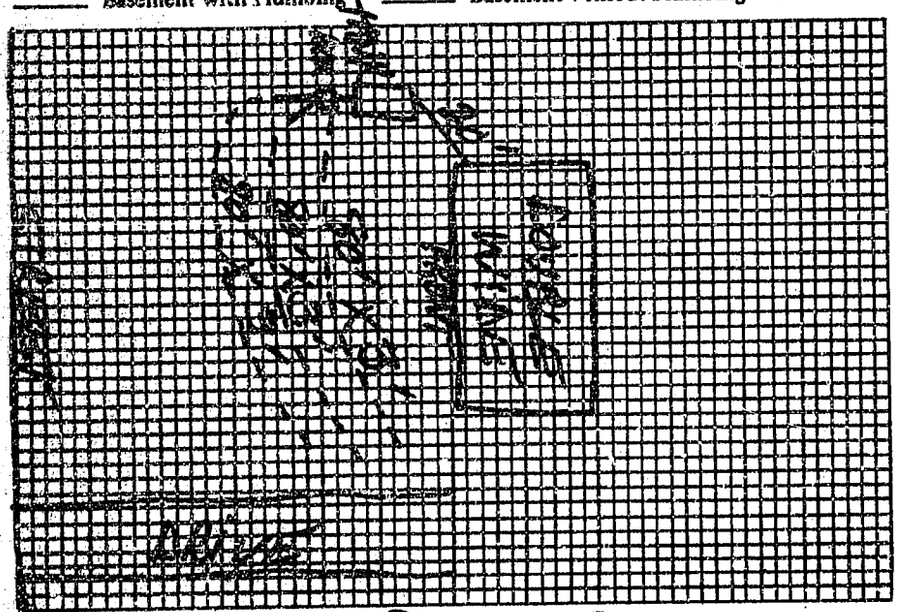
SUBDIVISION NAME WEST IREDELL ACRES LOT NO. 16 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (~~4~~ DOUBLE WIDE) Business ( ) Other _____

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	Sandy Loam.
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 125'x200'

_____ 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 Lineal Ft. 240
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Coffin Farms.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Keep well at least 50' from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-30-87

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