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 JERRY HAGER DATE 7-16-82 PERMIT NO. _____

PHONE: Business CAPTAIN'S GALLEY

LOCATION Hwy 90 on left. Near Alexander County line.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	ceiyl clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	.6 gal/sq ft.
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-6% slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	12' +
			Rock or other impervious formations	none

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ~~_____ No Basement~~ Existing System

Size of Tank 2 1500 tanks Gals.

Nitrification Field:

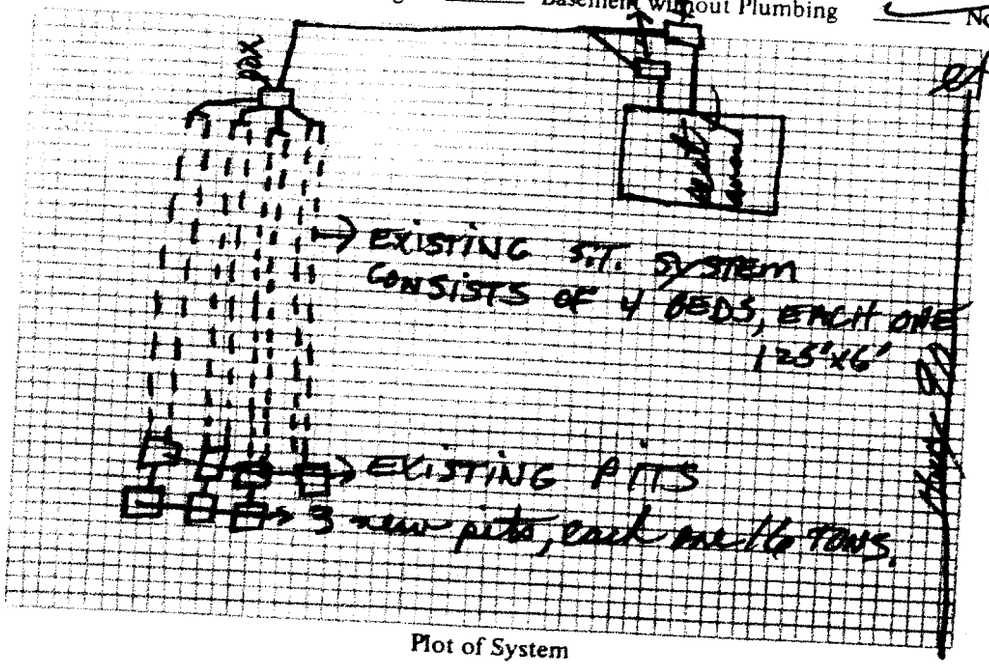
No. of Lines 8

Sq. Ft. 3000 Linear Ft. 1000

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public ( )



Plot of System

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 3 new pits added to existing lines & pits. Doors were fixed to allow existing lines to fill up before emptying into new pits. It is recommended & encouraged to pump grease trap at least every 2 months.

CERTIFICATE OF COMPLETION BY Steve Eaton

EXISTING SYSTEM CHECKED BY: _____ DATE 7-16-82

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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