4626415599

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 J. Philip McCorkle DATE 9-12-80 PERMIT NO. 286

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1177 N. 3mi. on Rt.

S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 23 SECTION OR BLOCK NO. _____

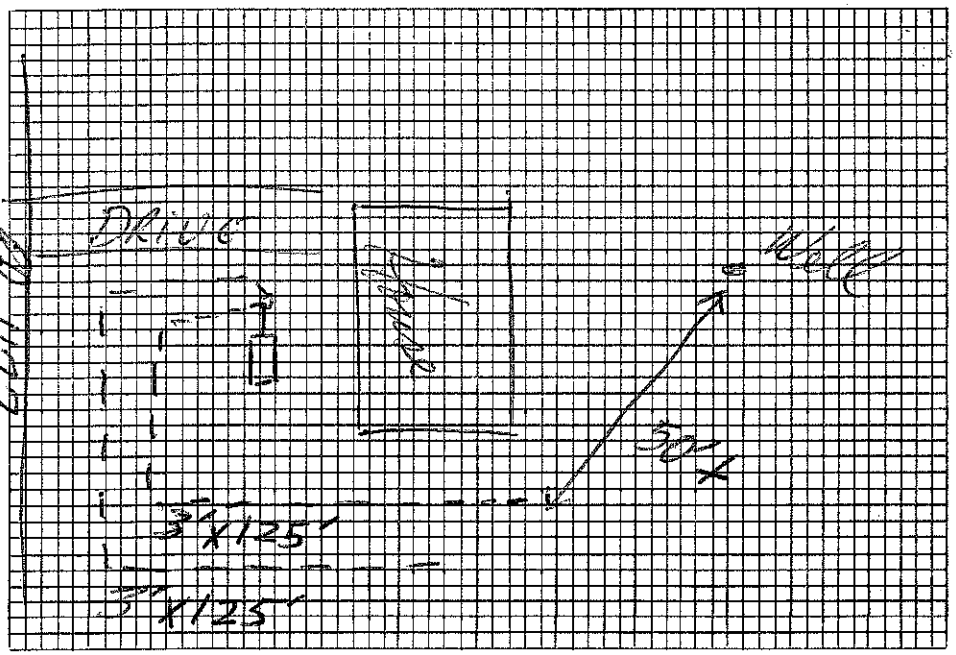
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1 3/4

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Good
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	unk.
			Rock or other impervious formations	none obs.

Lot Area 20,000 Sq Ft

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by J. D. Irwin

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

Signed: _____

IMPROVEMENTS PERMIT BY FAC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 9-12-80

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