4626449829

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 Alton G. Warren DATE 12-2-82 PERMIT NO. 380

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 N on private rd. just past McKendree Church 4th lot on left S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 52 SECTION OR BLOCK NO. 8

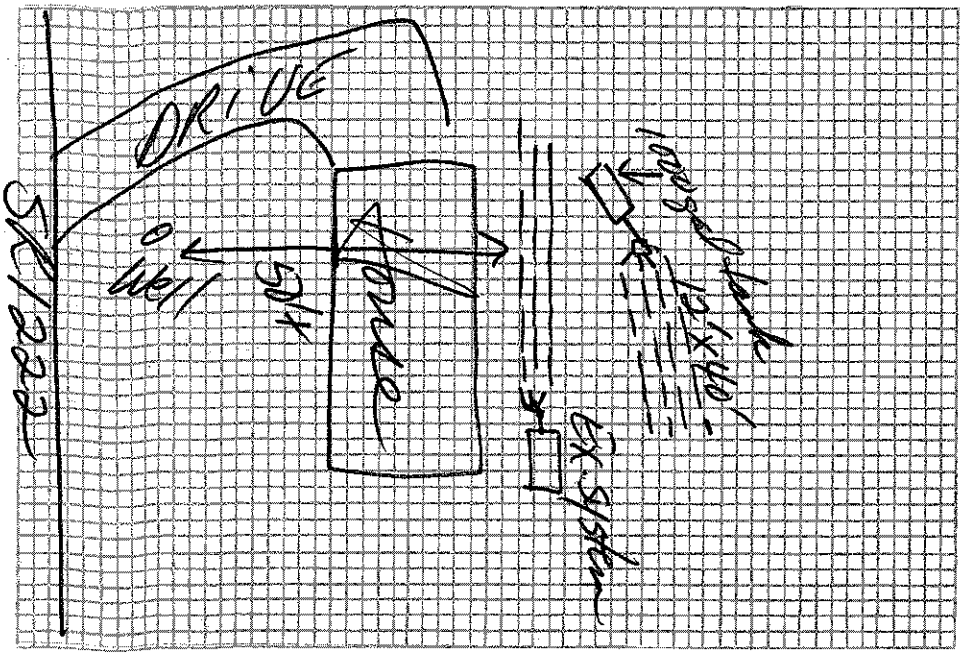
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2.5	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none obs.	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12-2-82

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