4626513578

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 9-4-85 PERMIT NO. 380

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR Seagrove Lane TL Lake Land Drive on left on corner S. R. No. _____

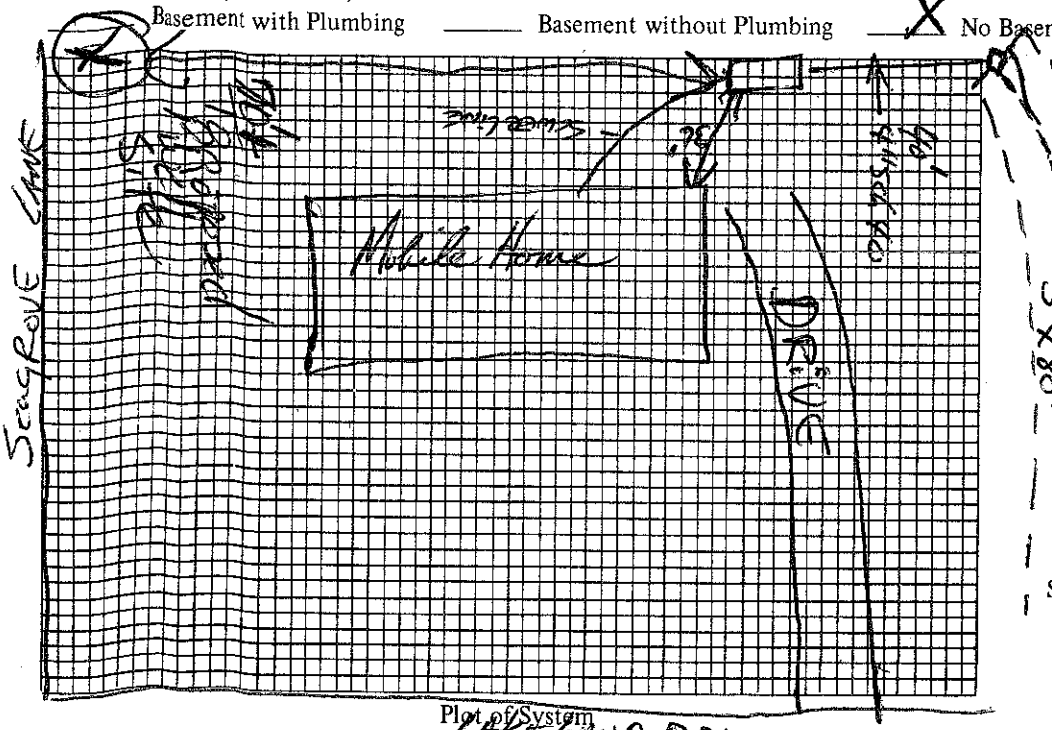
SUBDIVISION NAME Holiday Harbor LOT NO. 74 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Modular Home

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
Lot Area 29,000ft²			Rock or other impervious formations	None obs	

( ) Basement with Plumbing ( ) Basement without Plumbing (X) No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines _____

Sq. Ft. 720 Linear Ft. 240'

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by H. Ervin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: well not down yet

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-4-85

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