4627210925

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 Dr. Bailey DATE 3-11-94 PERMIT NO. [illegible]

PHONE: Business _____ Home _____

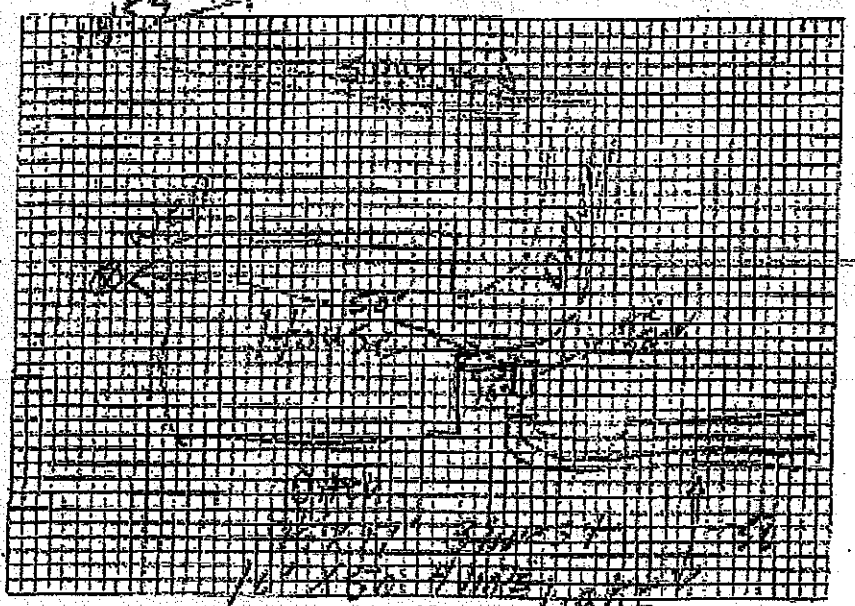
LOCATION 110 TR on 115 [illegible]
[illegible] 1455 Follow to 3rd Spur Rt. [illegible] S. R. No. [illegible]

SUBDIVISION NAME [illegible] LOT NO. 108 SECTION OR BLOCK NO. [illegible]

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

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area 1 acre

Character & Porosity of Soil [illegible]
Percolation Rate [illegible]
Topography [illegible]
Depth to Water Table [illegible]
Rock or other Impervious Formations [illegible]



Plat of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 [illegible] lines
Sq. Ft. 625 Lineal Ft. [illegible]
Depth of Stone in Lines [illegible]
Water Supply: Individual [illegible]
Public ( )

Installed by E. T. Smith

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Wood DATE 3-14-94

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

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold