4627739849

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 Bob Cordle DATE Sept 24 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 (Blume) TR 1443 TR 1444 (Beaton Path) ~1/8 mile on Rt. S. R. No. _____

SUBDIVISION NAME L.W. LOT NO. 69 (PT 68) SECTION OR BLOCK NO. 9

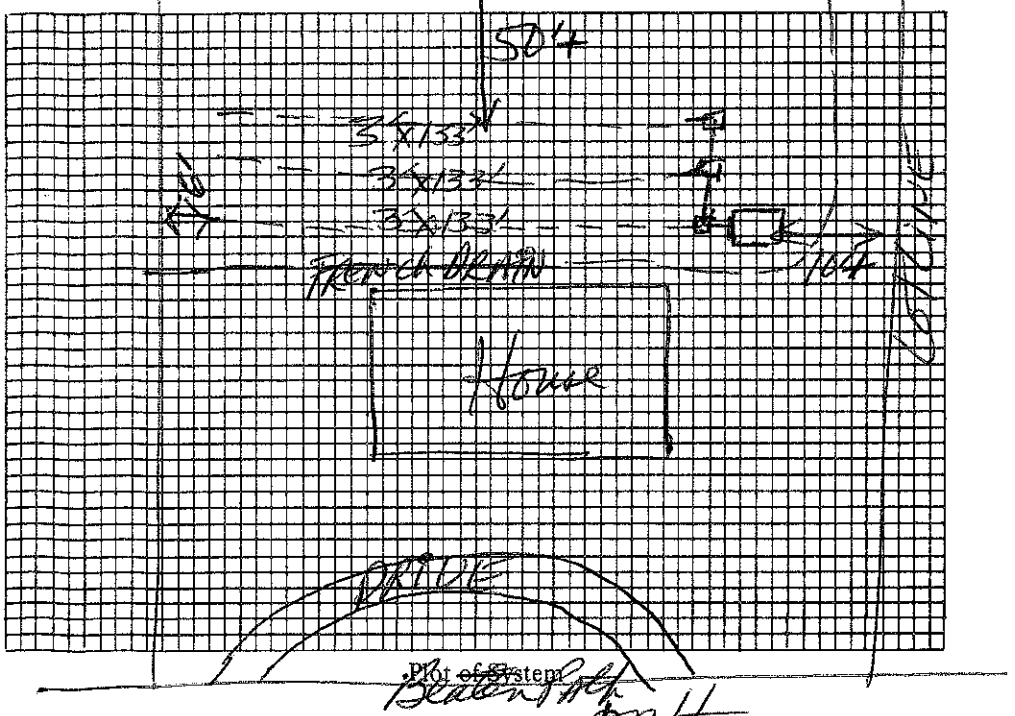
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	15-25%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	44
			Rock or other impervious formations	none obs.

Lot Area ~3/4 AC

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J R Bowles

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 Sept 24 87

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