9675

4627-76-0731

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 James J Bates DATE 4/6/89 Quad # 205 PERMIT NO.

PHONE: Business Home 545-4774

LOCATION 150 W TL Paradise Pen. TL Green bay TR Hogan TR immediately. At end of drive on water S. R. No. Hogan

SUBDIVISION NAME CL and T LOT NO. 149 SECTION OR BLOCK NO. 15

116 Banty Rd. 2L-6-A-149

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil existing

Percolation Rate

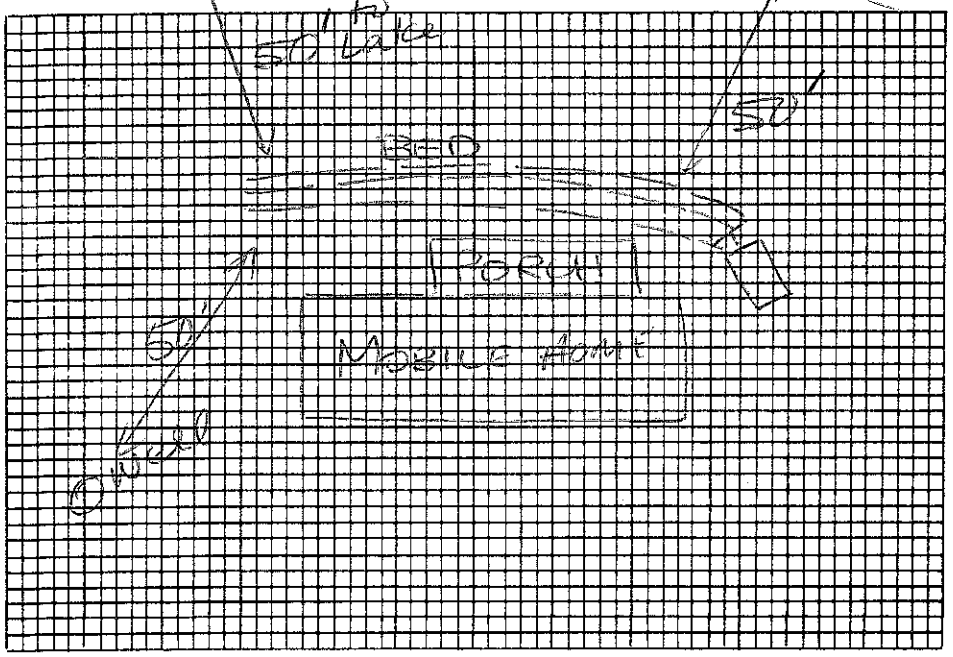
Topography

Depth to Water Table

Rock or other impervious formations

Lot Area

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System N.T.S.

Size of Tank existing Gals.

Nitrification Field:

No. of Lines existing

Sq. Ft. Linear Ft.

Depth of Stone in Lines

Water Supply: Individual (✓)

Public ( )

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS: No sign of malfunction @ this inspection

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Andrew C Queen DATE 4/6/89

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