10293.

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 A.T. SKEEN DATE 8-2-89 PERMIT NO. 3C-6-A-84

PHONE: Business _____ Home _____

LOCATION Mooresville Troy Bluff Statesville Rd. T.R. on Amarillo Pt. Rd. T.R. immediately on right - 2nd on left. S. R. No. _____

SUBDIVISION NAME SECTION 17 LOT NO. 84 SECTION OR BLOCK NO. _____

NEW PLACE.

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil EXISTING SEPTIC

Percolation Rate _____

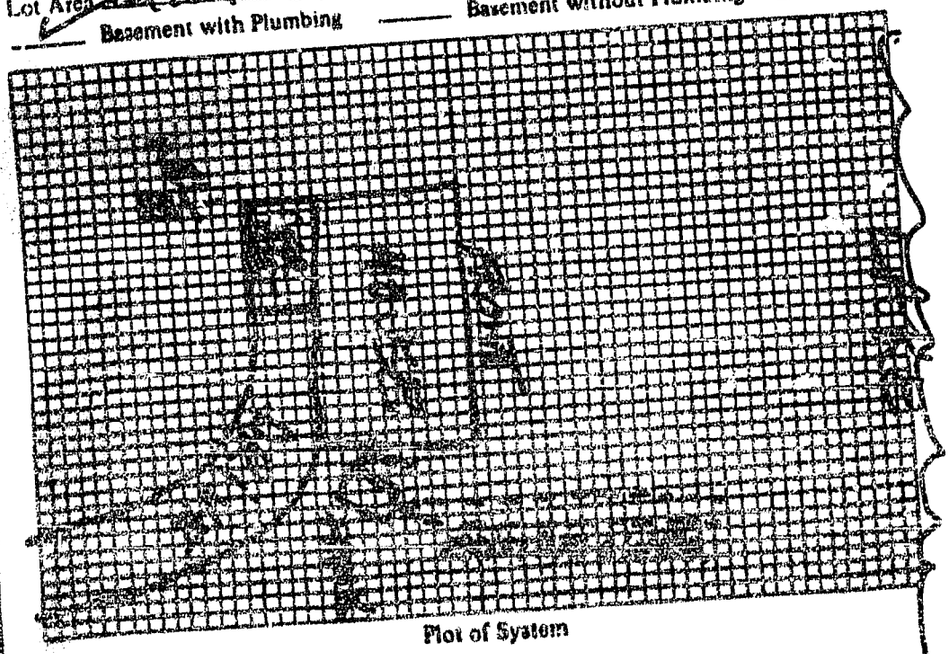
Topography _____

Depth to Water Table TANK SYSTEM.

Rock or other impervious formations _____

Lot Area EXISTING.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines _____

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 X O. P. Brown

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection. Make tank be checked when premises upon changing owner.

DATE _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-2-89.

EXISTING SYSTEM CHECKED BY: _____

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