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 Mady Const. Co. DATE 10-10-07 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1102 TR into Sailors Lair

S. R. No. _____

SUBDIVISION NAME Sailors Lair LOT NO. 38 SECTION OR BLOCK NO. _____

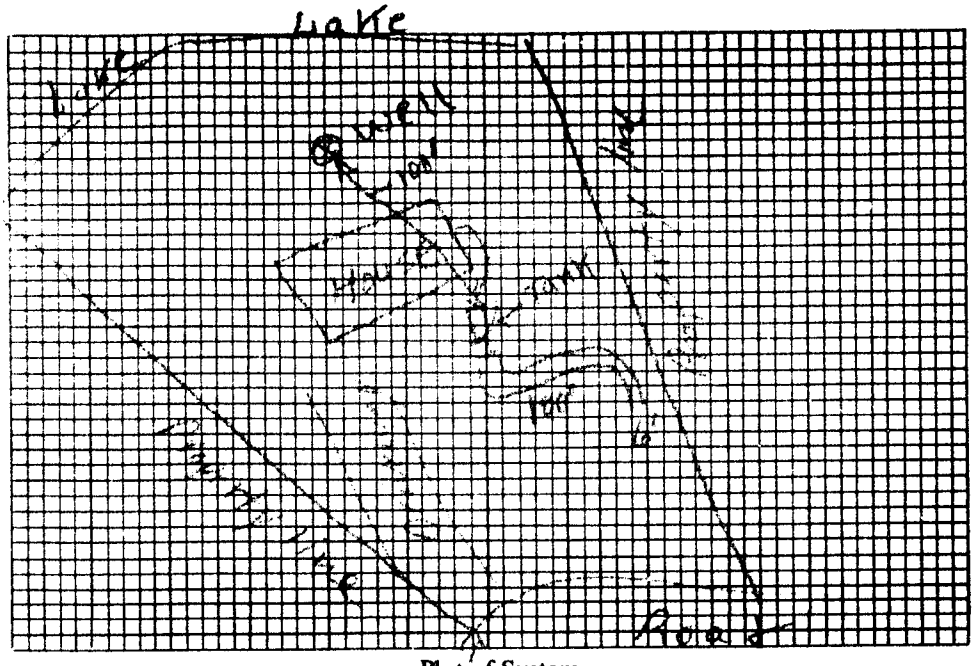
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1/2 acre

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate 60 min/inch
Topography 3% to 4% Slope
Depth to Water Table 5' to 6' to Lake level
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 17"
Water Supply: Individual (✓)
Public ( )

Installed by Ronnie Oaks

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 10-10-07

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