2230

# 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. DATE 10-7-99 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S TR on 1102 at end TR 1st lft wt on L

S. R. No. _____

SUBDIVISION NAME Sailors Cove LOT NO. 32 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 ½ acre

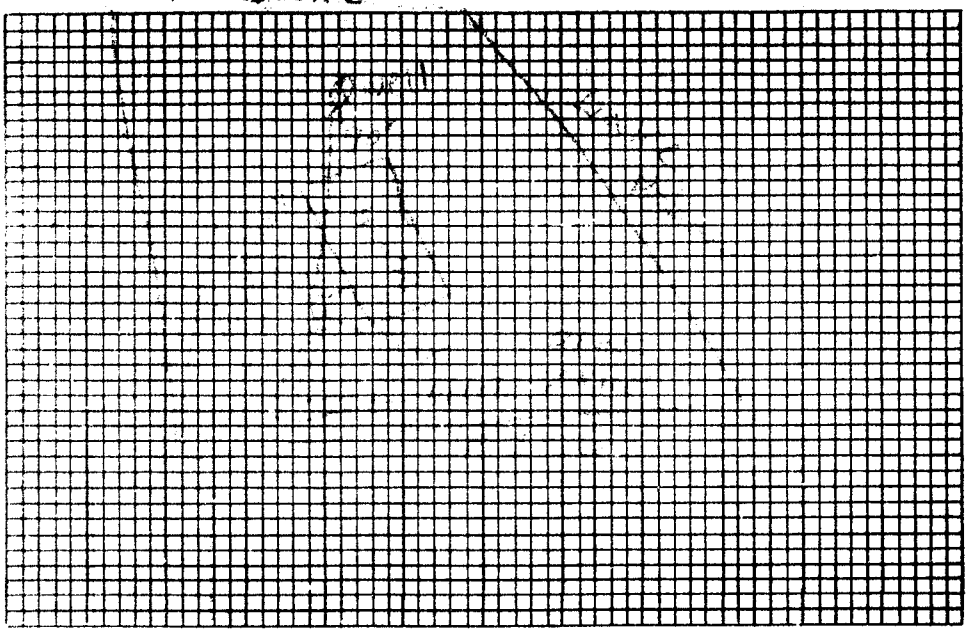
Character & Porosity of Soil Sandy clay loam

Percolation Rate 4" run/inch

Topography 2% slope

Depth to Water Table @ 5' to lake lvl

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. 2..
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Ronnie Oaks

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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