4635-43-9726

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 S. Mean Martin DATE 9-26-86 PERMIT NO. 526

PHONE: Business _____ Home _____

LOCATION 1113 at end

S. R. No. _____

SUBDIVISION NAME Vale of Pines LOT NO. 17 SECTION OR BLOCK NO. 2

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

No. Bedrooms 4 No. Bathrooms 3½

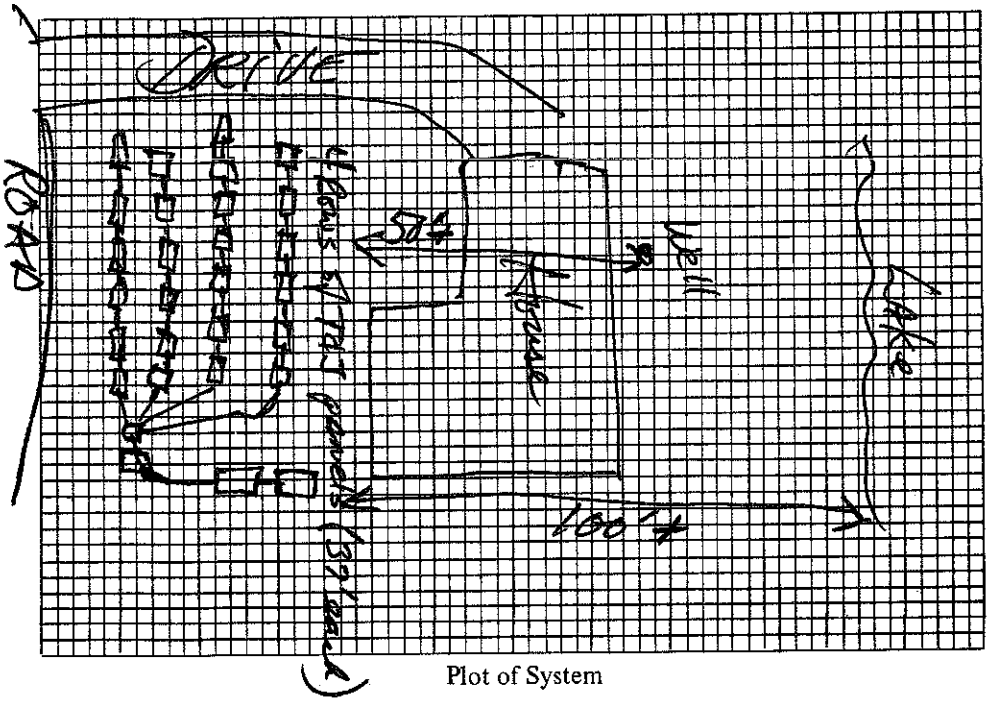
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil clay
Percolation Rate 2 of
Topography 2 to 4%
Depth to Water Table 4+
Rock or other impervious formations none to 2.

Lot Area 20000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal pump tank



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 150' ea
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Donna R Hanson, REHS DATE 9-26-86

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