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# 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 Tim martin DATE 8-10-00 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1112

S. R. No. _____

SUBDIVISION NAME Commodore Apts LOT NO. 61 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Soil Suitable Yes (✓) No ( )

Lot Area 72' X 143'

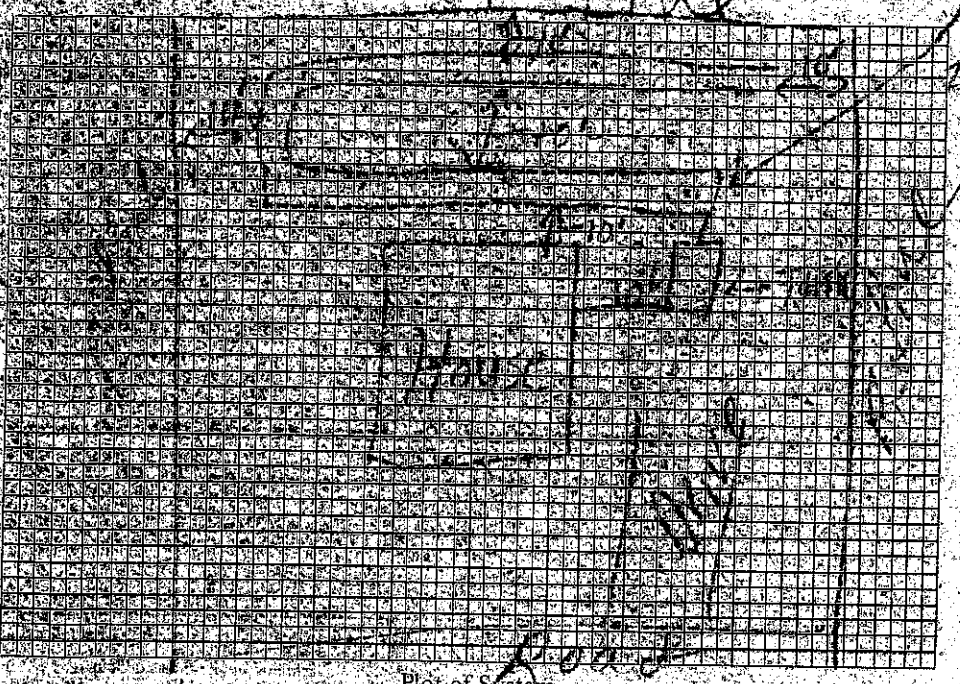
Character & Porosity of Soil Clay loam

Percolation Rate Soil / boxings

Topography 2% slope

Depth to Water Table 10+

Rock or other impervious formations None




Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public (✓)

Installed by Hammonds Service Co.

IMPROVEMENTS PERMIT BY John Houston

COMMENTS _____

CERTIFICATE OF COMPLETION BY [signature] DATE 8-10-00

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