4636747411

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 ABJ Construction DATE 6-24-85 PERMIT NO. 288

PHONE: Business _____ Home _____

LOCATION 1100 1109 TR 1100 TL 1179 go about ~1 mile TR on Spring Run 1st left (4th house) S. R. No. _____

SUBDIVISION NAME Spring Run LOT NO. ~~47~~ 17 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other repair

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Existing

Character & Porosity of Soil _____

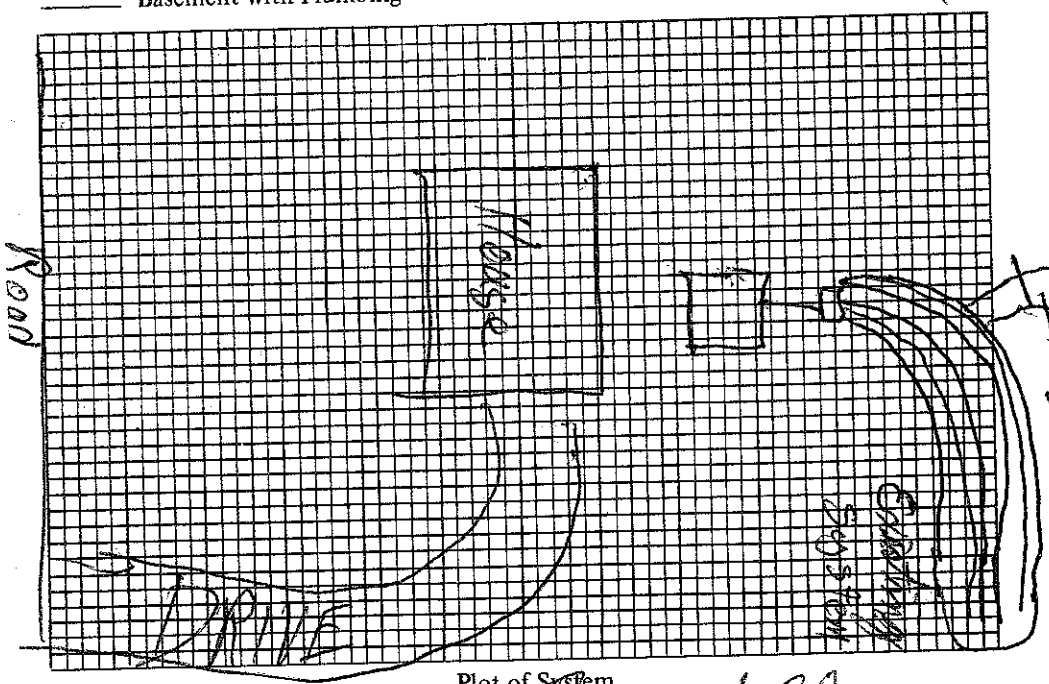
Percolation Rate _____

Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 420 Linear Ft. 140 12"

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (X) water system

Installed by F. J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: 140' of line added, tied on to old lines, pipe off gutter

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE _____

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