4636937556

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 L. A. Lovette DATE 3-22-85 PERMIT NO. 104

PHONE: Business _____ Home _____

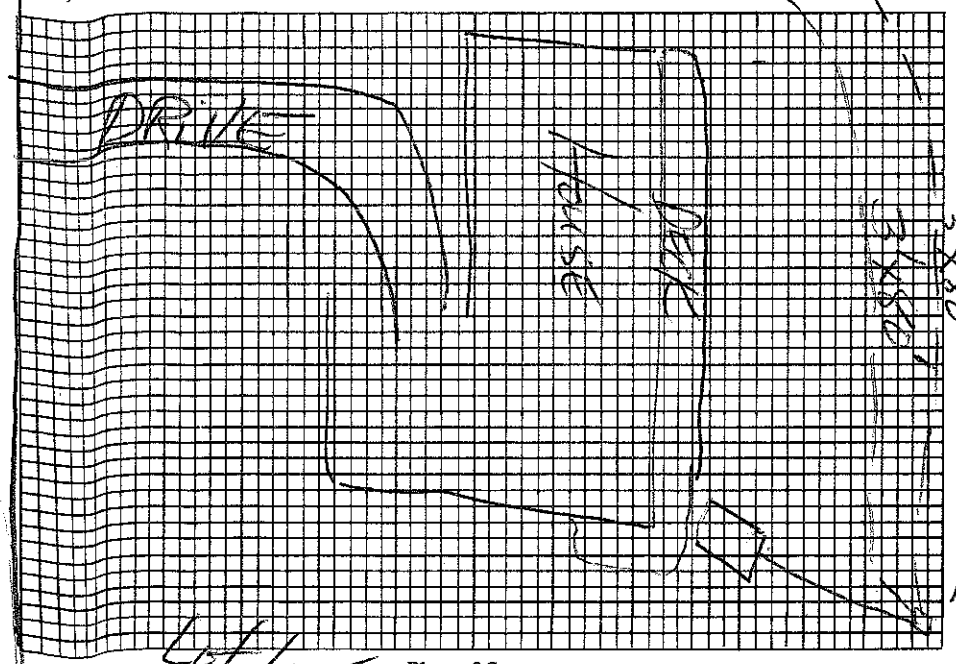
LOCATION 1100 ft 1179 ft Ring Neck Trail
Lot on left on left
S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 91 SECTION OR BLOCK NO. 4

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

No. Bedrooms 3 No. Bathrooms 2½ Character & Porosity of Soil Clay
Garbage Disposal Unit Yes (X) No ( ) Percolation Rate 0 Sgpf 60 ft 2 days
Auto. Dishwasher Yes (X) No ( ) Topography _____
Auto. Wash. Machine Yes (X) No ( ) Depth to Water Table _____
Site Suitable Yes (X) No ( ) Rock or other impervious formations NONE obs.
Lot Area 20,000 ft²

(X) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 1 ft 11
Water Supply: Individual ( )
Public (X) H2O system

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

RTIFICATE OF COMPLETION BY Fred Clemmer DATE _____

STING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

it is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making vements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold