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 Mitch Howard DATE Feb 3, 87 PERMIT NO. 29

PHONE: Business _____ Home _____

LOCATION 1303 N. TC 1302 TC Bagley TR Kennedy Loop
2 1/2 - 3/4 mile on Left S. R. No. _____

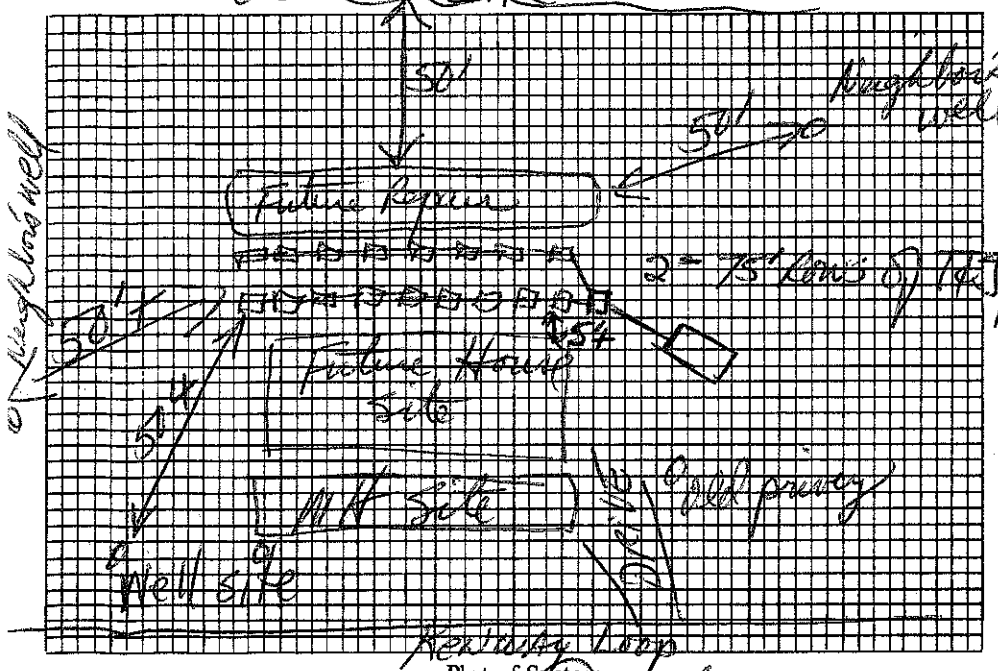
SUBDIVISION NAME L.N. LOT NO. 43 SECTION OR BLOCK NO. 15
Future

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 20000 sq ft

Character & Porosity of Soil Clay
Percolation Rate 2-4 4-8 4-4
Topography
Depth to Water Table
Rock or other impervious formations none obs.

_____ Basement with Plumbing Lake Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150'
Depth of Stone in Lines 16" TJ pavels
Water Supply: Individual (✓) Public ( )

Installed by _____

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

Signed: Mitch Howard

IMPROVEMENTS PERMIT BY Dave R. Hinson, RS

COMMENTS: Fill in old privy

CERTIFICATE OF COMPLETION BY _____ 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