IREDELL COUNTY HEALTH DEPARTMENT

4645231696

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lynn Hatcher

PHONE: Business _____ Home _____ DATE 3-15-83 PERMIT NO. 70

LOCATION 1102 ft Yeoman Lane Rt on left

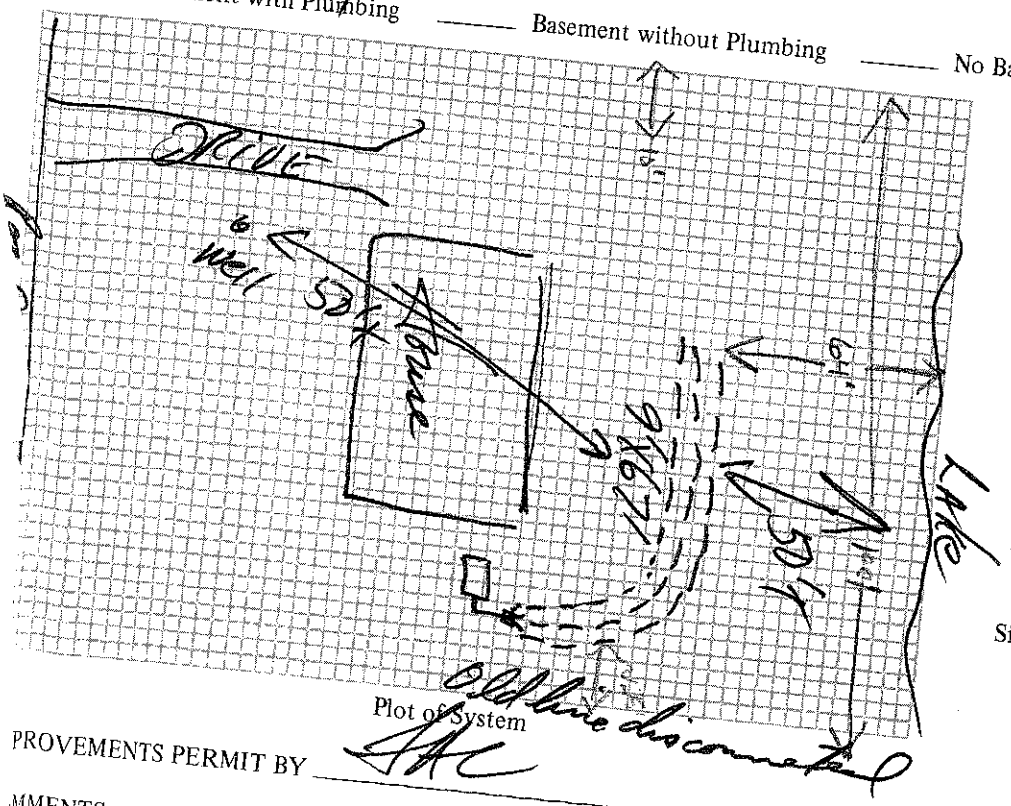
SUBDIVISION NAME Yeoman Shores LOT NO. 6 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 4-6 mpi
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Clay loam
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 6-8 ft +
Lot Area Existing			Rock or other impervious formations None obs

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Wakefield Bridges

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

Signed: _____

PROVEMENTS PERMIT BY _____

MMENTS: _____

TIFICATE OF COMPLETION BY _____ DATE 3-15-83

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 ovements Permit.

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