Acceptance to Tom Leach

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 W. B. Griffis DATE 4-21-89 PERMIT NO. 99

PHONE - Business _____ Home 873-3241

LOCATION 4109 I-40 Exit 146 turn right on Old 21 left

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Sandy Clay Loam

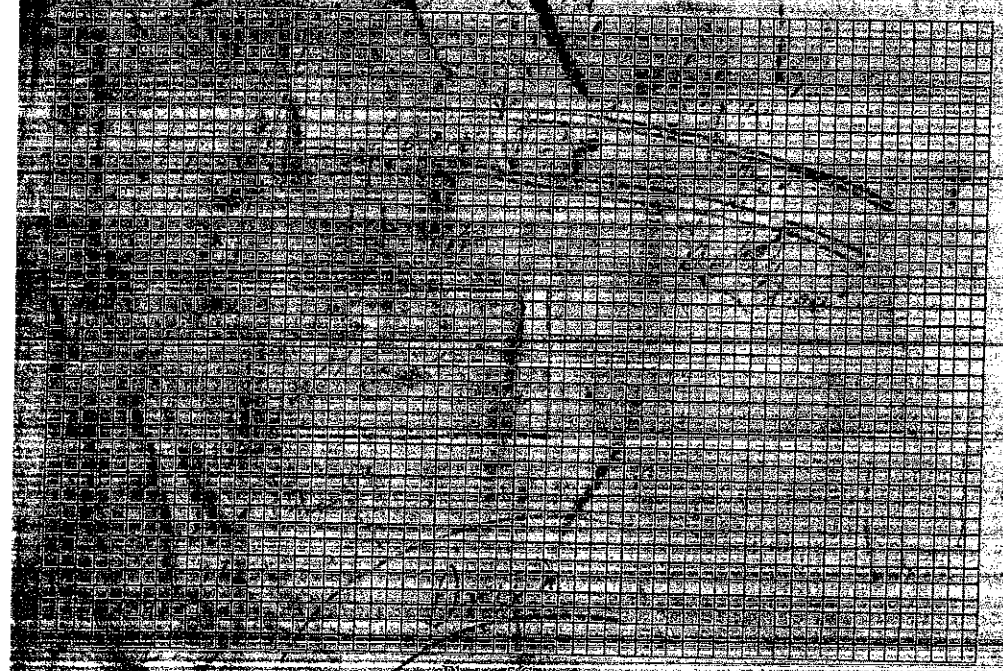
Garbage Disposal Unit: Yes (X) No: ( ) Percolation Rate 45 min. 1st. 3

Auto. Dishwasher: Yes (X) No: ( ) Topography Level

Auto. Washe Machine: Yes (X) No: ( ) Depth to Water Table 4' to 5'

Site Suitable: Yes (X) No: ( ) Rock or other impervious formations None

Lot Area 1.23 Ac.



Size of Tank 1000 Gals.

Nitrification Field

No. of Lines 4

Sq. Ft. 240 Linear Ft.

Depth of Stone in Trenches

Water Supply: Individual (X)

Public ( )

Installed by _____

Plot of System

IMPROVEMENTS PERMIT BY Ed Houston

COMMENTS Set Tank on Concrete and Water Line

CERTIFICATE OF COMPLETION BY _____ DATE _____

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