4646-23-1881

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 Dennis Todd DATE 1-16-84 PERMIT NO. 12

PHONE: Business _____ Home _____

LOCATION 1109 iR 1191 Inlet on R S. R. No. _____

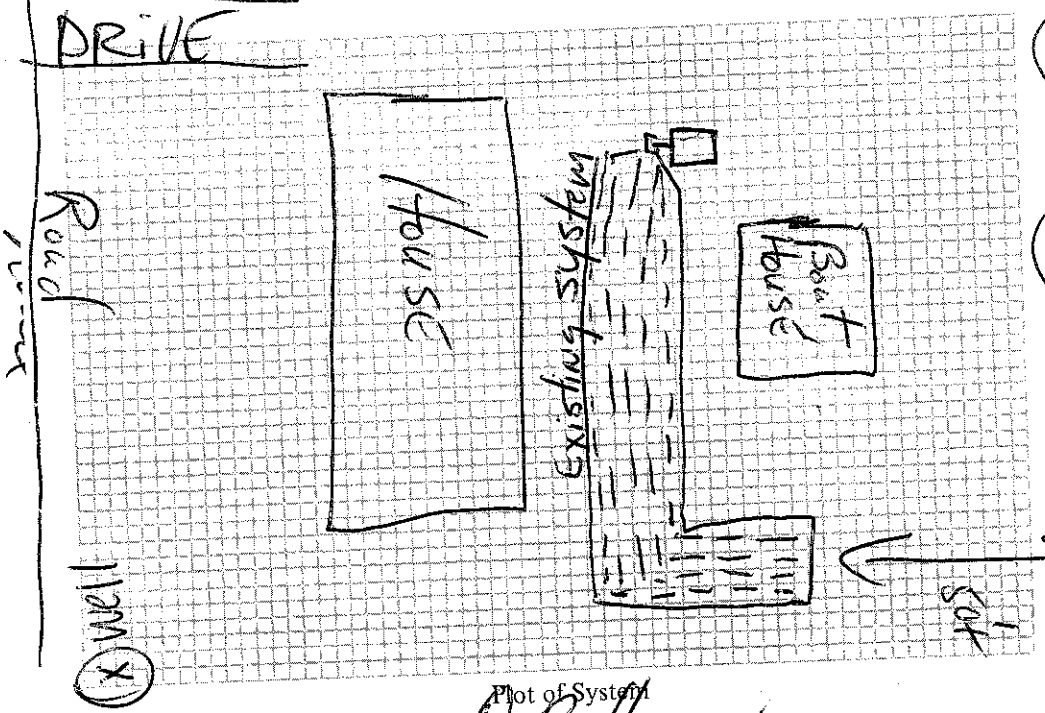
SUBDIVISION NAME Bonanza LOT NO. 25 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2½		
Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Character & Porosity of Soil Clay loam
Percolation Rate ~ 30 Min
Topography 4-6%
Depth to Water Table 4+
Rock or other impervious formations NONE observed

Lot Area _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1000 Linear Ft. 333
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by Dellinger Grading

I understand and agree to install septic ta system as specified on this Improveme Permit.

Signed: _____

IMPROVEMENTS PERMIT BY O. R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 1-16-8

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