4646443197

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 Mody Construction DATE 7-6-83 PERMIT NO. 219

PHONE: Business ________ Home ________

LOCATION 1109 TR1191 ~ 0.3 mile on R

________ S. R. No. ________

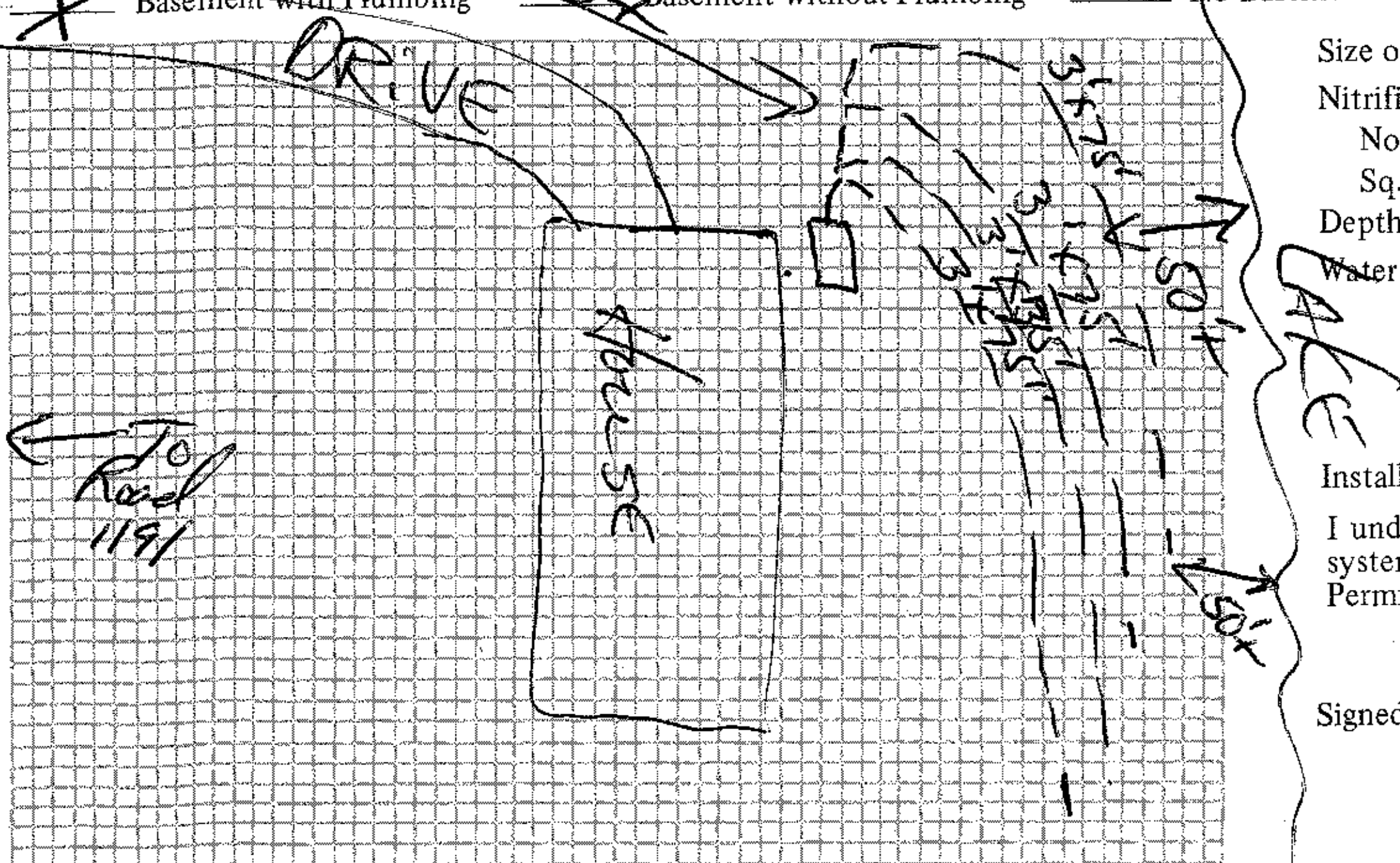
SUBDIVISION NAME Bonanza LOT NO. 7 SECTION OR BLOCK NO. ________

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Well (X)
Lot Area 20,000 ft²

Character & Porosity of Soil Clay loam
Percolation Rate Application Rate
Topography 0.4 gpd/ft²
Depth to Water Table 2-4%
Rock or other impervious formations None observed

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 4
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Blake Hyde

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

Signed: ________

IMPROVEMENTS PERMIT BY D. R. Hinson

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-6-83

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