4654 98 1850

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 Charles Robert Church DATE 7-10-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1138 (Rockyfork Rd) on left past Hudson Downes TR 1st on Rt. S. R. No. _____

SUBDIVISION NAME Cobbs Land LOT NO. 5 SECTION OR BLOCK NO. _____
Godsland

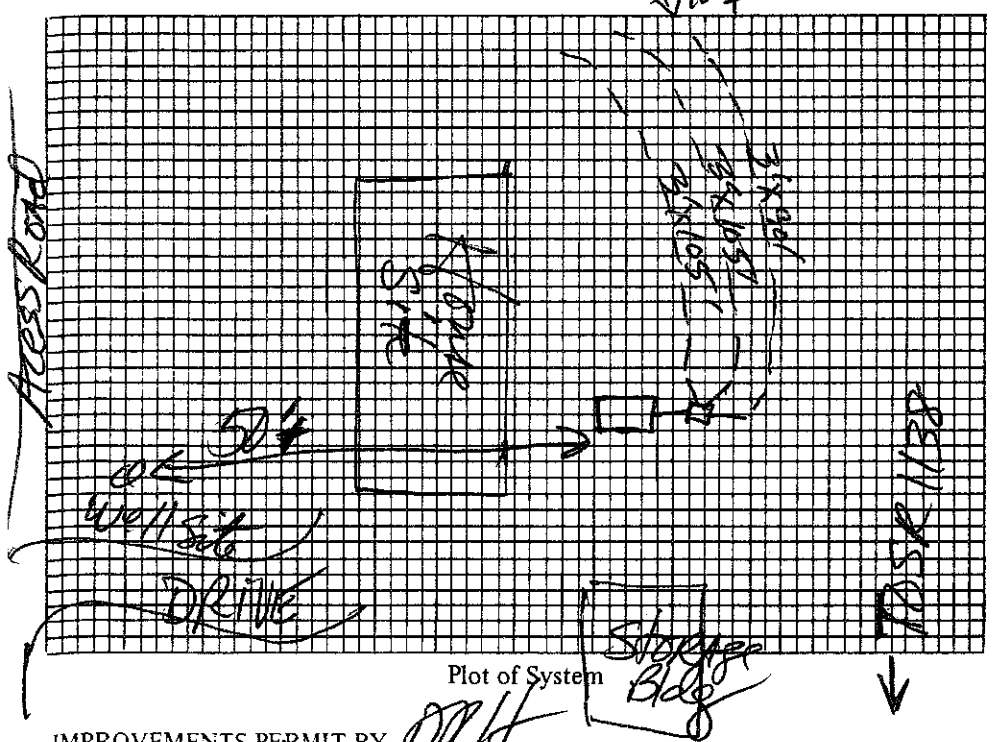
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2-4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4ft	
			Rock or other impervious formations	none obs.	

Lot Area ~4 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by W. Sankey

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: House not started yet
Well not down.

CERTIFICATE OF COMPLETION BY DR Hinson DATE 7-10-87

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