2.50

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 Ruby Ballard DATE 9-30-86 PERMIT NO. 409

PHONE: Business _____ Home _____

LOCATION 1155 TR at 3rd house past the Mt. Mourne School

S. R. No. _____

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

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

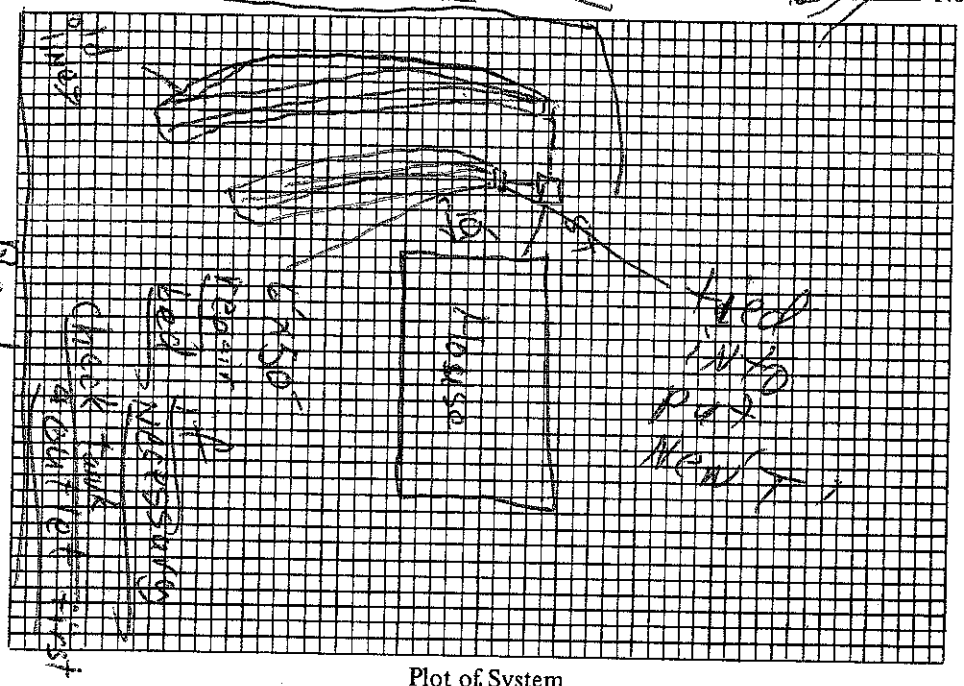
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
~~Lot Area~~ Existing

Existing

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
Depth to Water Table _____
Rock or other impervious formations _____

Basement with Plumbing DRIVE Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓) next
Public ( ) door

Installed by _____

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

Signed: Ruby C. Ballard

IMPROVEMENTS PERMIT BY Charles K. Barnett R.S

COMMENTS: check septic tank & outlet pipe for leakage if first before adding any repair lines; system leakage seem to be from tank

CERTIFICATE OF COMPLETION BY _____ DATE _____

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