13303

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 Sid McCutcheon DATE 9-18-91 PERMIT NO. 2H 14A-10

PHONE: Business _____ Home _____

LOCATION 115 S T/L Faith Rt Then TR Live oak En at end S. R. No. _____

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

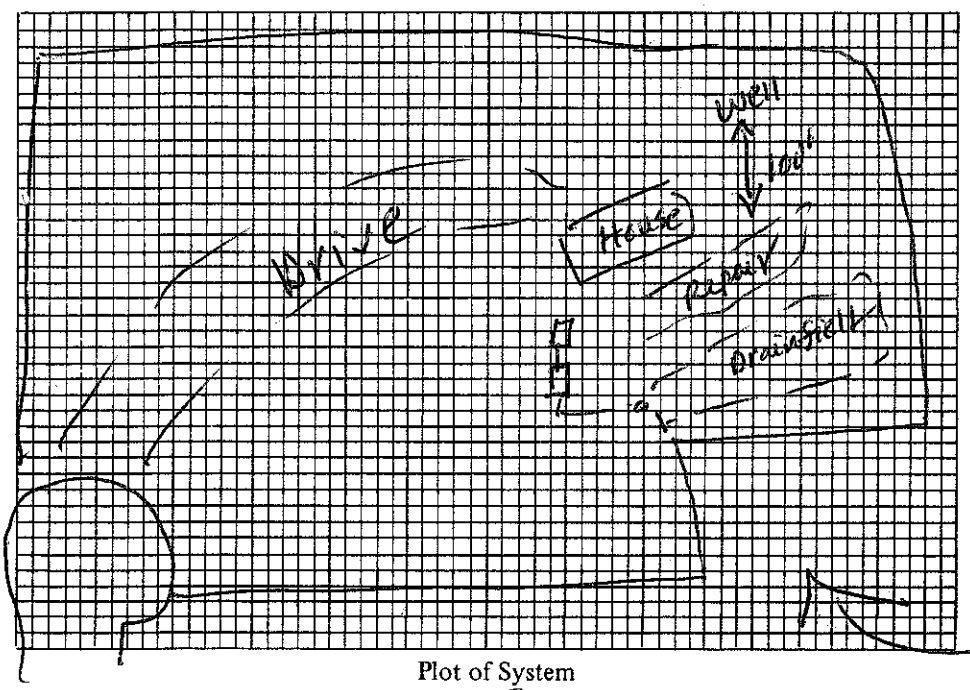
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.2 gal/sq. ft./day	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6 to 10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10 ft	
			Rock or other impervious formations	Saprolite 36 to 42"	

Lot Area 5.15 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 gal S.T. 1000 gal P.T. Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1800 Linear Ft. 600
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Jerry Salts

see detail attached 066 System + seperate detail on Pump Tank both by reference are a part of this Permit.

IMPROVEMENTS PERMIT BY P. C. moore

COMMENTS: X very Important No Part of Trenches That are over 24" deep will be approved

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