4655330453

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 Sylvia Jones DATE 6-13-84 PERMIT NO. 181

PHONE: Business _____ Home _____

LOCATION 1155 R 1223 R 1224 About ¾ mile on R

SUBDIVISION NAME Oakridge LOT NO. 3 S. R. No. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (X) 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 ( )

Lot Area 0.70 Acre

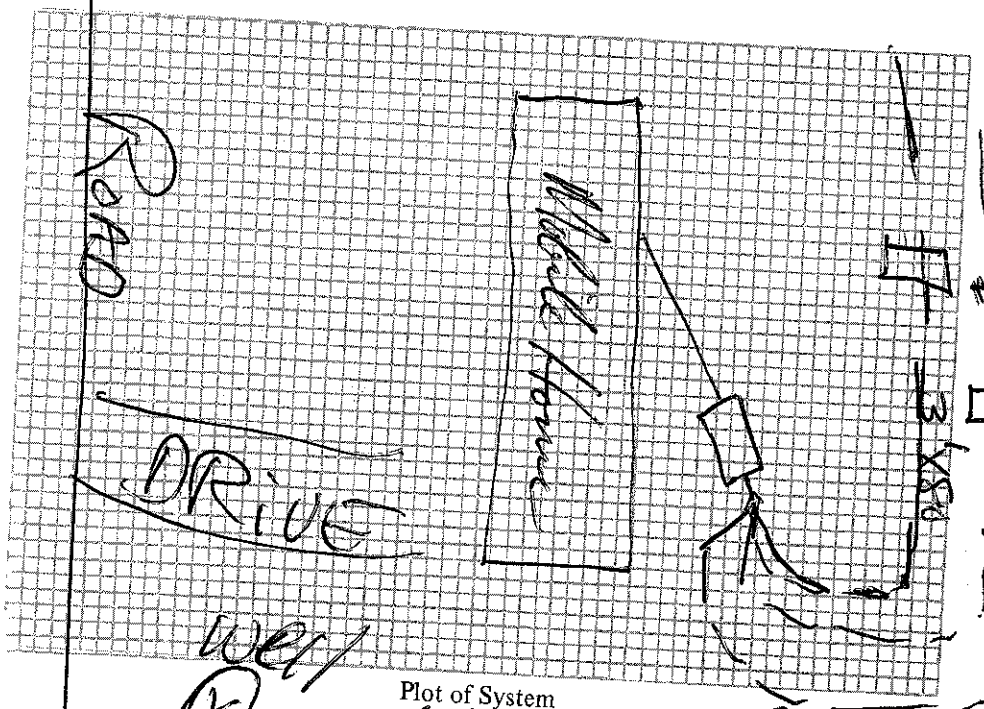
Character & Porosity of Soil Clay Loam

Percolation Rate 0-5 Min/FT

Topography Level

Depth to Water Table _____

Rock or other impervious formations NONE OBS



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by J. Erwin

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

Signed _____

IMPROVEMENTS PERMIT BY J. H. + C. Bennett

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jack Altman DATE 6-13-84

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