4655332597

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 Thomas J. Cordle DATE 5-28-85 PERMIT NO. 238

PHONE: Business _____ Home _____

LOCATION 115 S TO 1223, TR 1224 (East Port Lane) PASS ENTRANCE TO S/D 2ND ON R

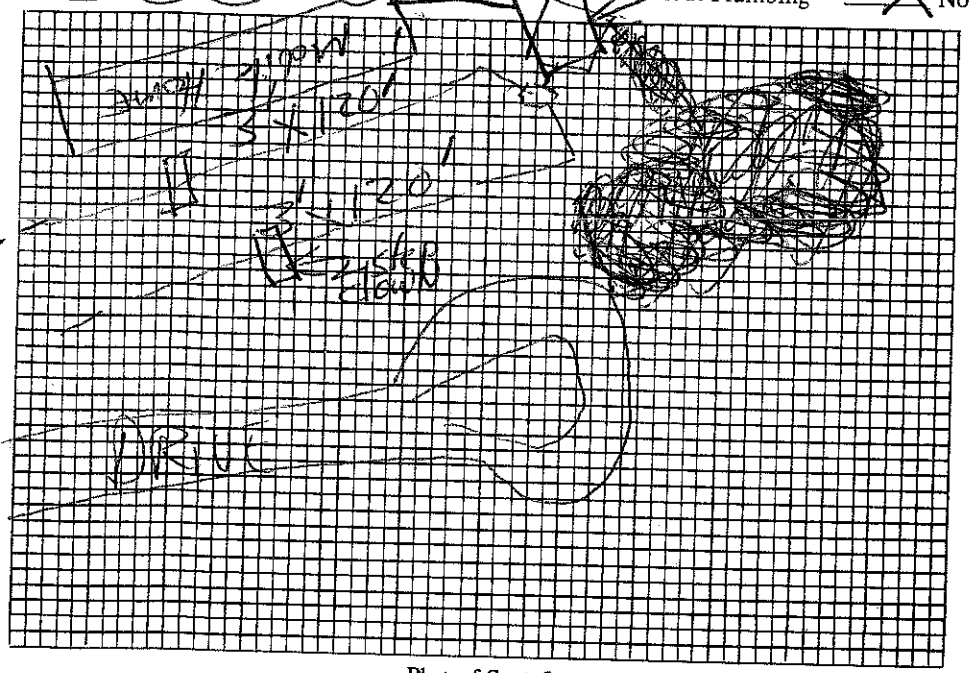
SUBDIVISION NAME Oakridge LOT NO. 7 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5-30	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
Lot Area 20,000FT2			Rock or other impervious formations	NONE OBS.	

_____ Basement with Plumbing 1000S TANK _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 24"

Water Supply: Individual X
Public ( )
well next door

Installed by T. J. Erwin Const.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-28-85

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