4655551364

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 Floyd Blackwell DATE 3/7/86 PERMIT NO. 94

PHONE: Business _____ Home _____

LOCATION 1155 Lf on Faith, Hse on Rt Directly Across from Mott Rd S. R. No. _____

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

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

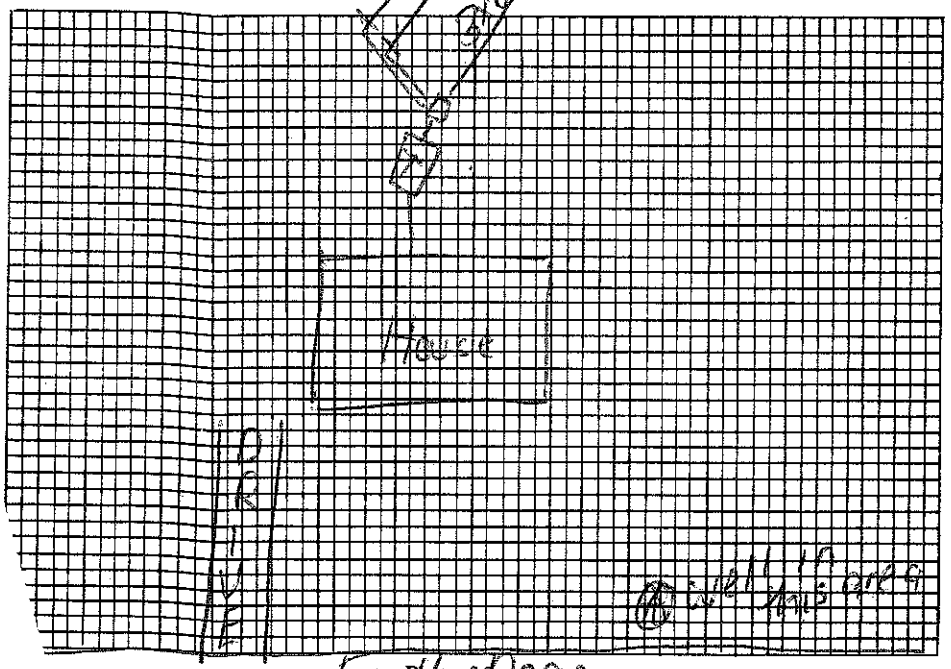
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clyloam – cly
Percolation Rate 0.5 cpd/ft²
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations None Noted

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines _____
Water Supply: Individual (✓ To be drilled
Public ( )

Installed by Bobby Mabrey

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

Signed: _____

OVEMENTS PERMIT BY Fred Clemmer Jr.

ENTS: Keep well 50' from septic area

TE OF COMPLETION BY _____ DATE 3/7/86

YSTEM CHECKED BY: _____ DATE _____

TRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

) if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ermit.

lth Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold