4655 61 7969
4655 61 7765 *

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 Lloyd C. KNOX DATE 2-20-86 PERMIT NO. 78

PHONE: Business _____ Home _____

LOCATION 455 TR 1137 (Midway Lake Road) 3/4 TR beside CRAFT BARN TO Midway LAKE S. R. No. _____

SUBDIVISION NAME Precision Wood Works LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (X) Other 46' X80' Wood working Shop - No plumbing

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes ( ) No (X)

Site Suitable Yes (X) No ( )

Lot Area _____

Character & Porosity of Soil _____

Percolation Rate _____

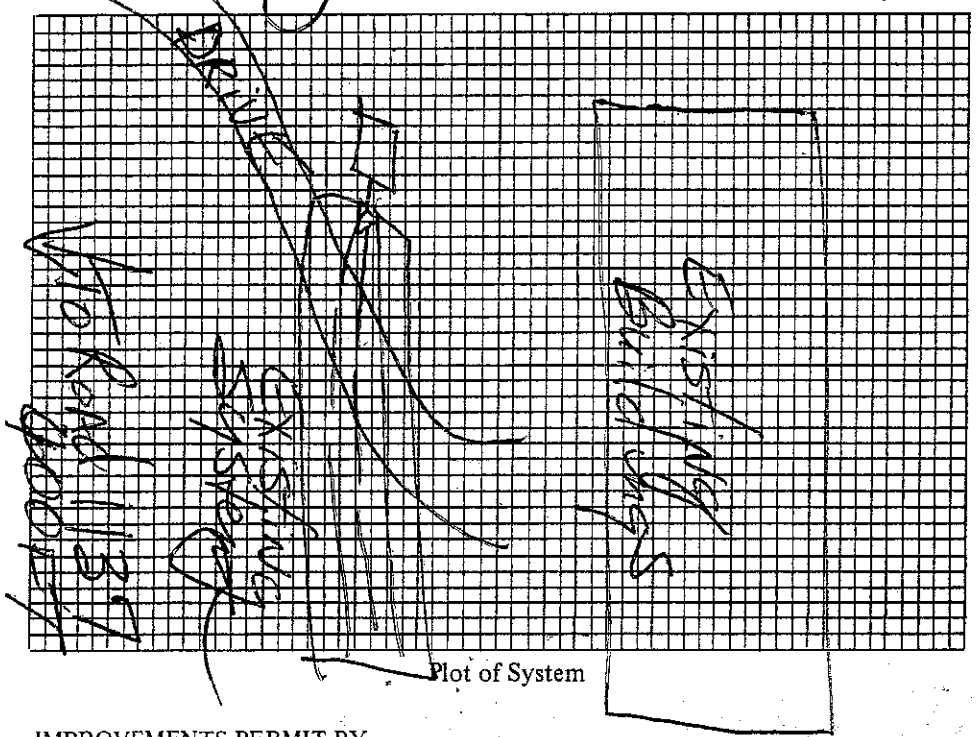
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

New Wood Shop EXISTING Well EXISTING System

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working OK At time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Paul Clemmer DATE 2-20-86

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