4657-48-9316

1074

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 Melvin Jones DATE Dec. 1, '89 PERMIT NO. IM-14-B-7

PHONE: Business _____ Home _____

LOCATION 21 N. TR Brantley Acres Bear Right at end

_____ S. R. No. _____

SUBDIVISION NAME Brantley Acres LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ PS Yes (✓) No ( )

Lot Area acreage

Character & Porosity of Soil Wransfield Area clay

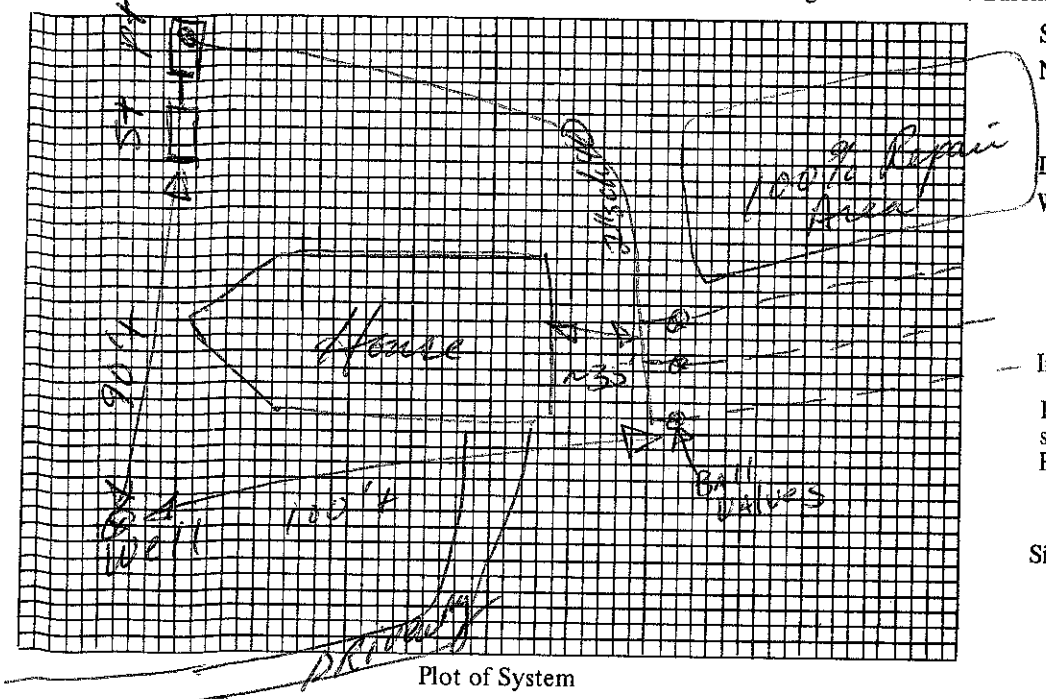
Percolation Rate 3

Topography ~ 6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



1000 pt.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 840 Linear Ft. 270
Depth of Stone in Lines 12"

Water Supply: Individual (✓) pressure dosed conventional
Public ( )

Installed by Owner

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

Signed: _____

IMPROVEMENTS PERMIT BY AHP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature], R.S. DATE 12-1-89

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