4658649530

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 JC Sloan DATE 5/23/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. TR Glory Rd.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

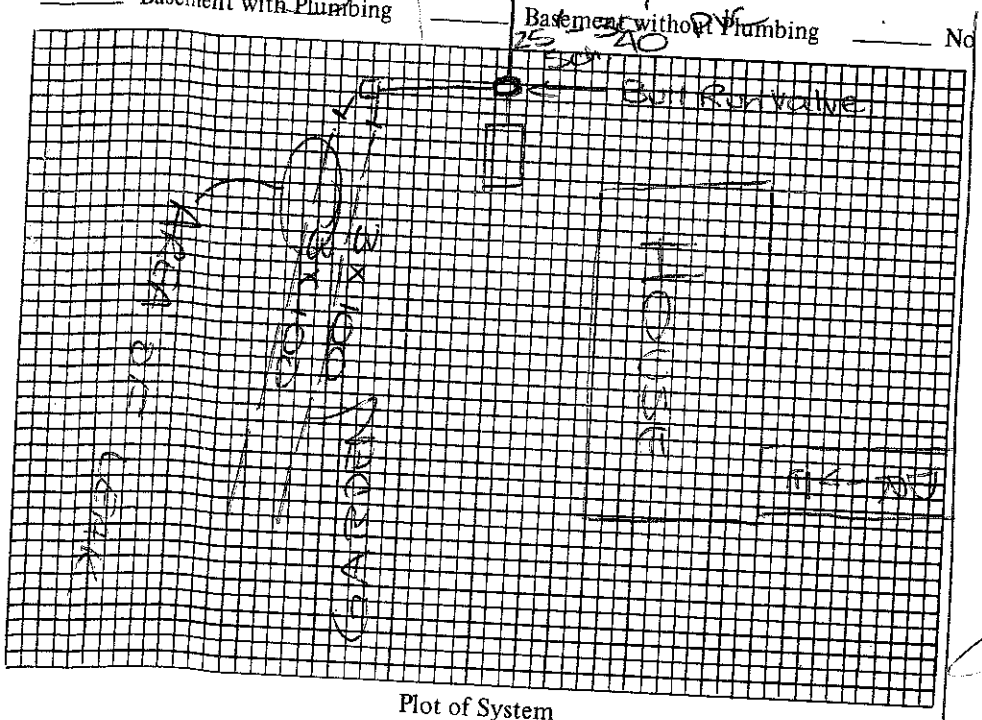
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area existing

Character & Porosity of Soil clay
Percolation Rate .4
Topography 2-8%
Depth to Water Table 4'+
Rock or other impervious formations none observed

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank existing Gals.
Nitrification Field:
No. of Lines 12" 300'
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines in a bed.
Water Supply: Individual (✓) 12" stone
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Install bed w/ 18" cover on lowest side of ditch. Ditch must be ON CONTOUR so it will have same amount of cover on first part of ditch as last part of ditch.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: GARDEN SPOT Where drainlines are should be grassed. 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.

Extra dirt should go over last

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