4659472632

# 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 Bob Shelton DATE 6-9-80 PERMIT NO. 158

PHONE: Business _____ Home _____

LOCATION 21N TR 2390 ~ 1/4-1/2 mile ON RT

_____ S. R. No. _____

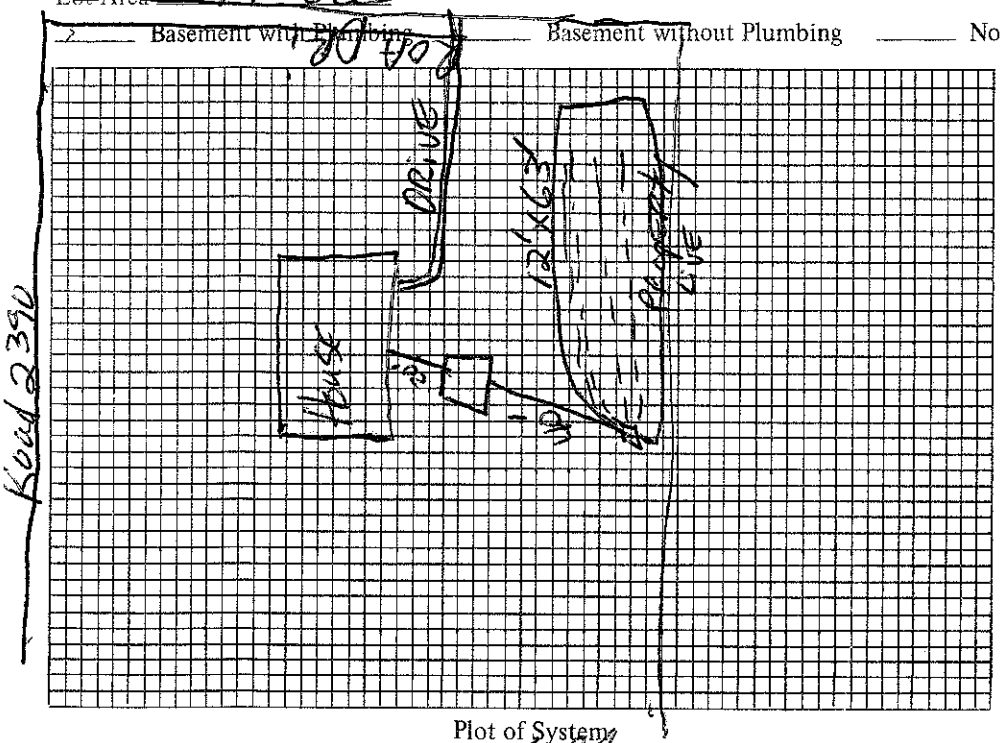
SUBDIVISION NAME Fox Run LOT NO. 25 SECTION OR BLOCK NO. _____

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

| | | | | | |
|---|---|---|---|---|---|
| No. Bedrooms | 3 | No. Bathrooms | 1 | Character & Porosity of Soil | Clay loam |
| Garbage Disposal Unit | Yes ( ) | No | (X) | Percolation Rate | 30 mpi 6-8/10 |
| Auto. Dishwasher | Yes ( ) | No | (X) | Topography | |
| Auto. Wash. Machine | Yes (X) | No | ( ) | Depth to Water Table | UNKNOWN |
| Site Suitable | Yes (X) | No | ( ) | Rock or other impervious formations | NONE OBSERVED |

~~Lot Area~~ 1 Acre

2 Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (X) Community

Installed by Joe Stafford

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 6-9-80

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