4659478013

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 William Hawkins DATE 10-31-84 PERMIT NO. 396

PHONE: Business _____ Home _____

LOCATION 115-21 N TR 2390 TR ondict st. (2nd just after pavement ends

S. R. No. _____

SUBDIVISION NAME Fox Run LOT NO. 38 SECTION OR BLOCK NO. _____

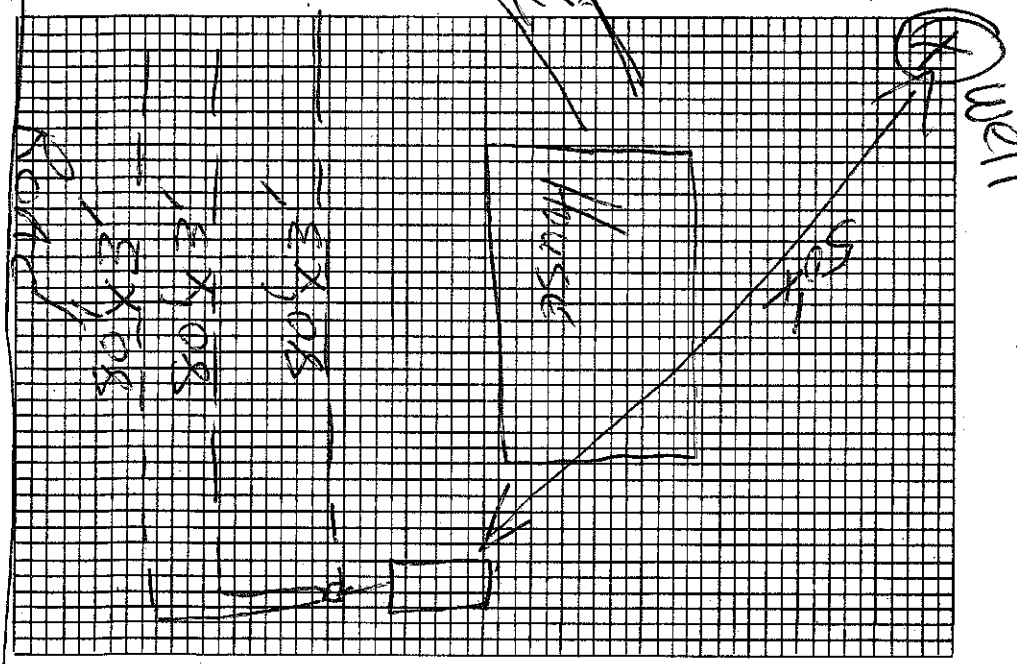
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (X)
~~Auto. Dishwasher~~ Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~3 Ac

Character & Porosity of Soil Clay loam
Percolation Rate 0.4 gal/ft²/day
Topography 10-15%
Depth to Water Table unknown
Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual ~~(X)~~
Public ( )

Installed by Freeman Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible] D. R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-31-84

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