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 Vance McLean DATE 6-11-86 PERMIT NO. 263

PHONE: Business _____ Home _____

LOCATION Lot 35 Section II Cardinal Acres

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

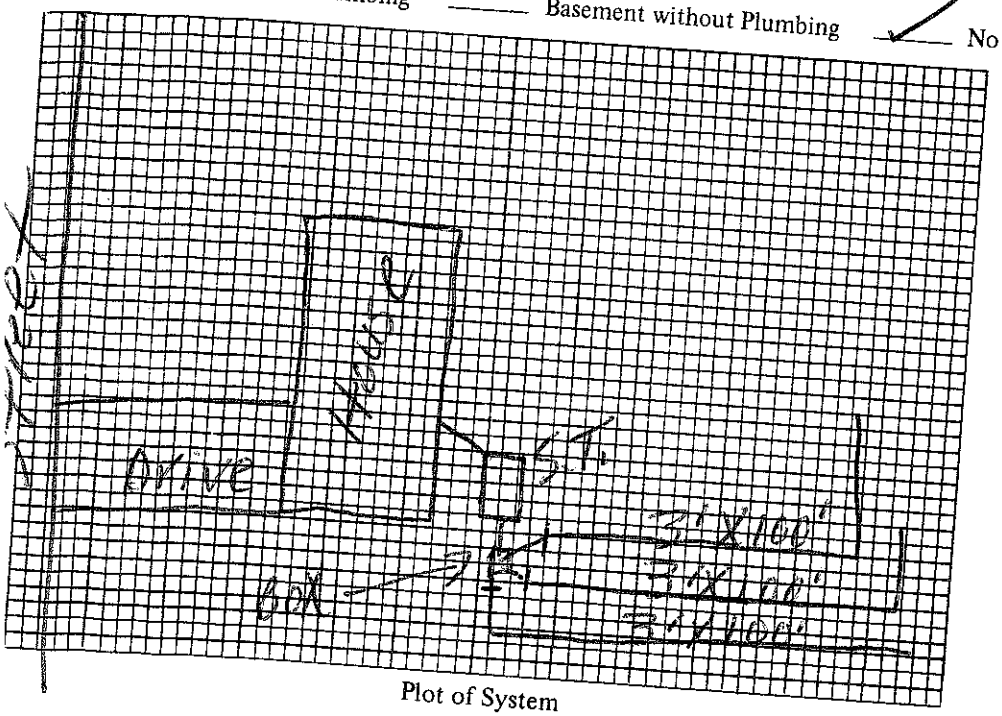
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 24
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+

Lot Area 100' X 208' Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. _____ DATE _____

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making provements Permit.

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