1.00

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 Odell M. Sanders DATE 7-11-85 PERMIT NO. 242

PHONE: Business _____ Home _____

LOCATION 1145 TR 1147 Mass Namoi Road
Coffee Crossing Creek 600 Ft on R S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

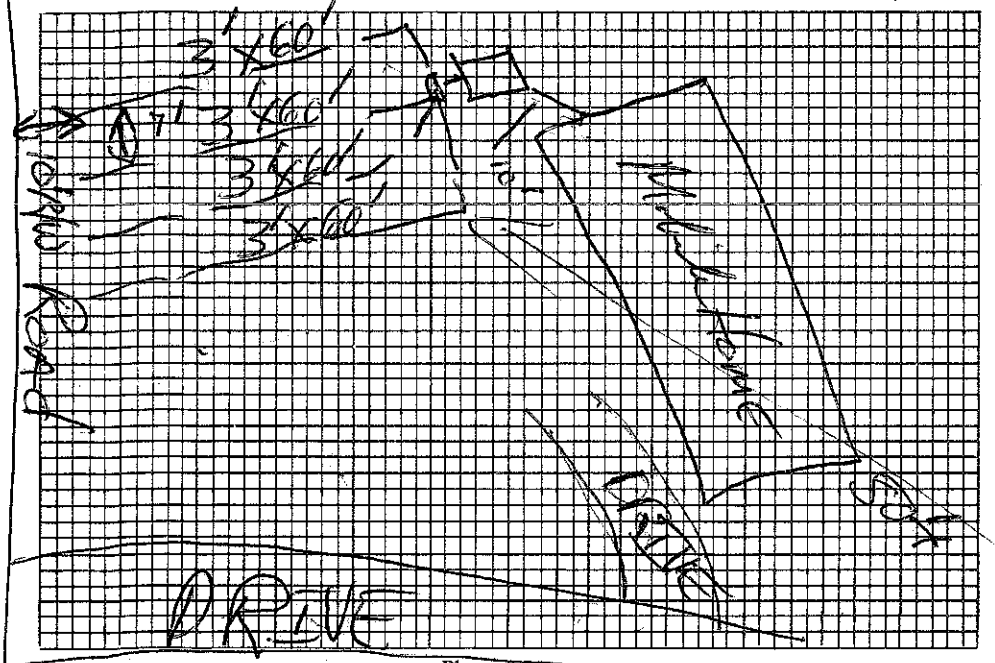
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	2-5 Min / Ft 2 day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-5%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None obs

Lot Area 1+ Acre

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 4
No. of Lines _____
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X Odell M. Sanders

Proposed Septic Tank

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System As Shallow As possible

CERTIFICATE OF COMPLETION BY _____ DATE _____

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