4674376275

IREDELL COUNTY HEALTH DEPARTMENT

11592

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mike Young DATE _____ PERMIT NO. 18-A-7

PHONE: Business _____ Home _____

LOCATION NC 136 from Mocksville, on R just before Columbus Co. line

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 3 SECTION OR BLOCK NO. _____

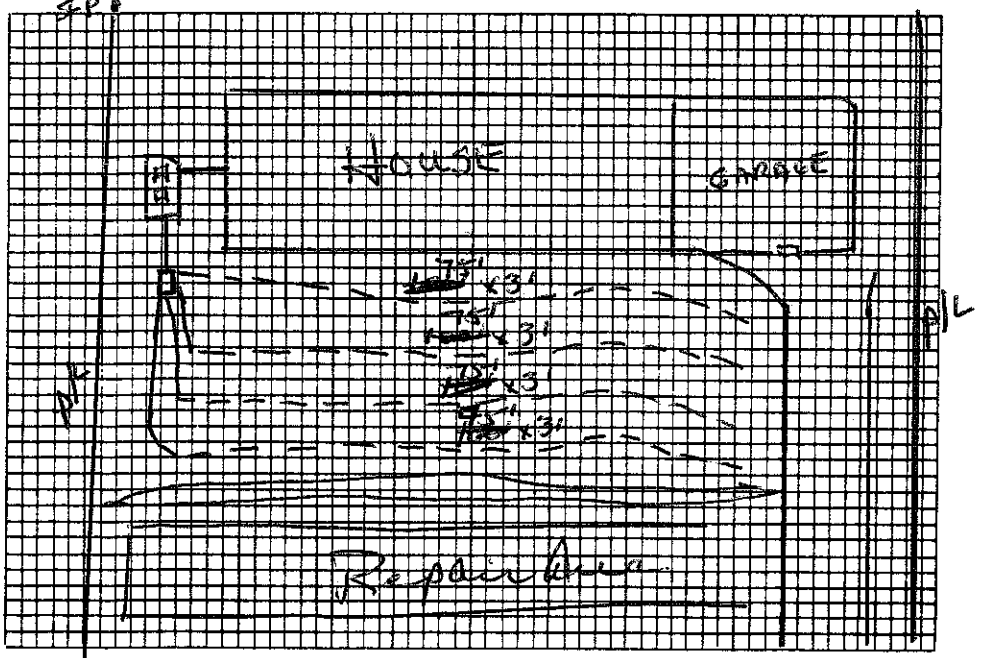
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		P / clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		5-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		> 44"
Lot Area 1.25 Ac			Rock or other impervious formations		none observed

☒ WELL

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 75'

Sq. Ft. 900 Linear Ft. 300'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by F-T Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 3/11/91

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