0959

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 Joel Freeze DATE June 12, '89 PERMIT NO. 4677-06-5874

PHONE: Business _____ Home _____

LOCATION No. Main St. on Right just before jct. with Azalea Road S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site ~~Suitable~~ PS	Yes (✓)	No ( )

Lot Area 2 1/2 Ac.

Character & Porosity of Soil Clay
Percolation Rate M. 3
Topography Va-6%
Depth to Water Table 4+
Rock or other impervious formations none obs.

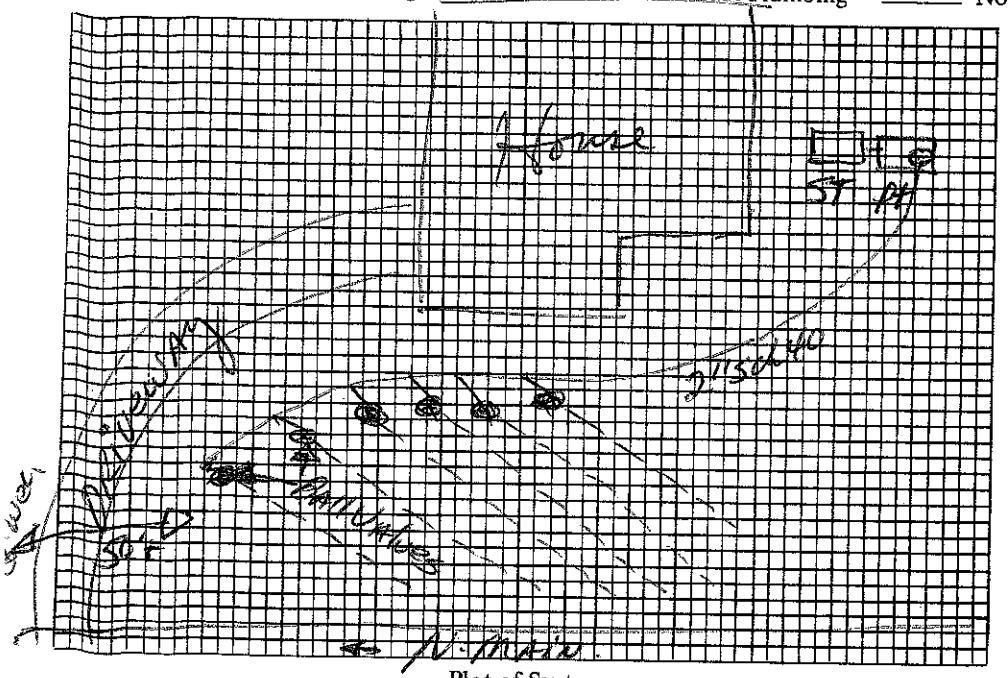
(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 p.T.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Robison

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Alarm tested & working but not permanently mounted.

CERTIFICATE OF COMPLETION BY _____ DATE 6-12-89

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