03474

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 BOBBIE POPE DATE 12-16-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Aldrich Rd.-T.L. #1140-thru white oaks-T.R. on Lewis Ferry Rd.-crossover Eupola Rd.-go approx. 2 miles-cross r.r. tracks to end-bear R on dirt dr. 2 mi. on R.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ R. No. (5).

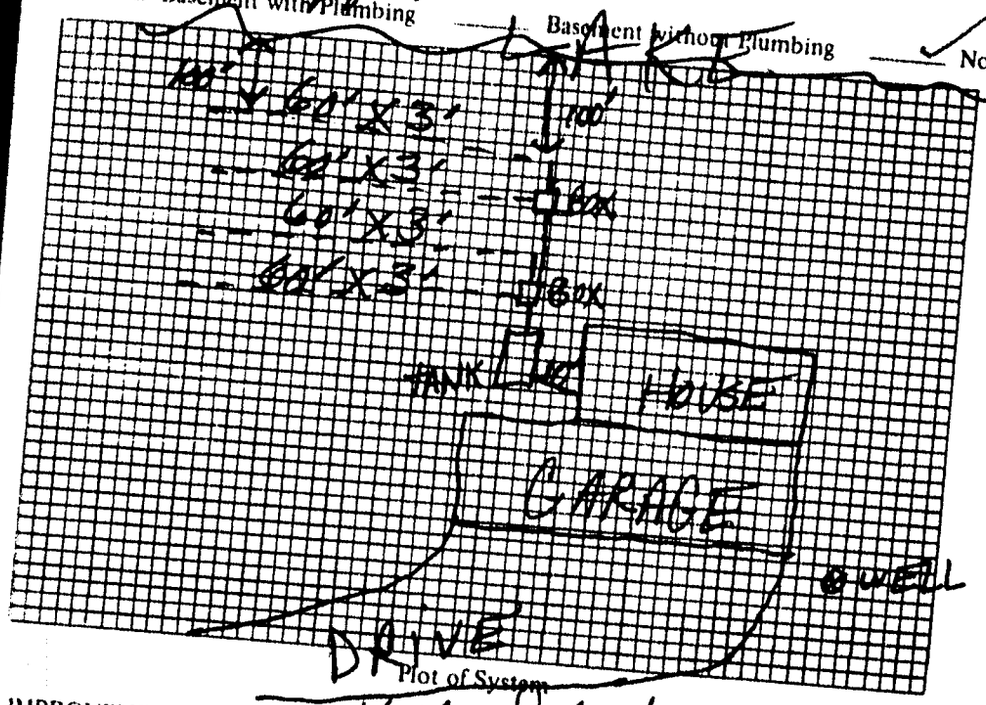
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clay loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 5 gal./sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'+

Lot Area 23,000 sq. ft.+ Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ 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 (✓)

Public ( )

Installed by Barry Lignon

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sleek R. S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-16-86.

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