IREDELL COUNTY HEALTH DEPARTMENT

04705

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jerry St. John DATE 5/20/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 to Old Nat., TL go to Beulah Rd, TR, go to Brock Grief Rd., TL, go 1/4mi., 2nd street in dev., 3rd lot on rt. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 9 SECTION OR BLOCK NO. _____

DLB. wide

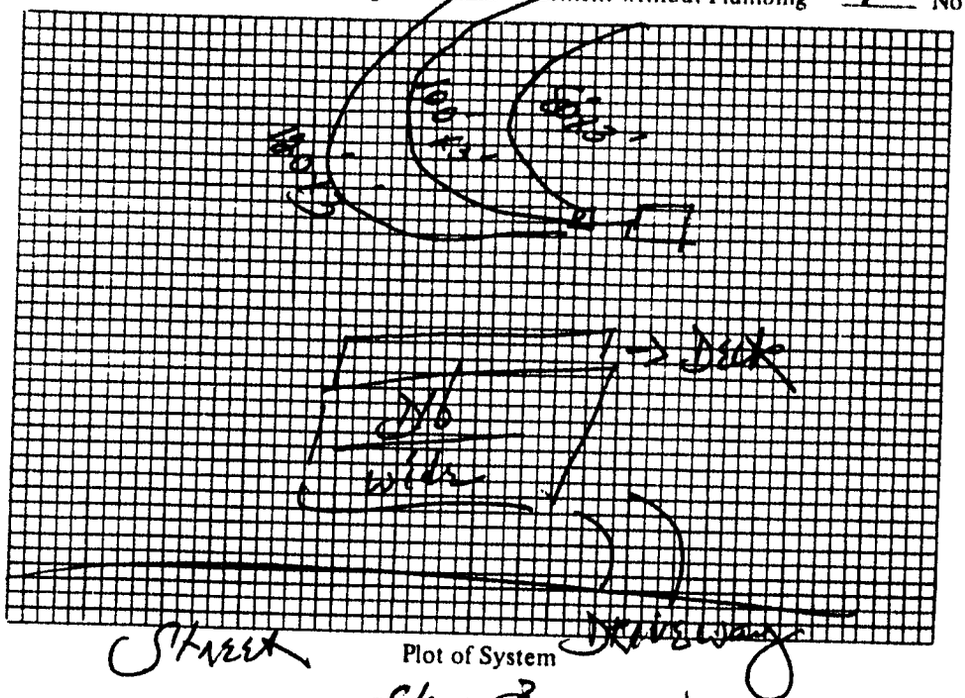
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Maching Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 146x301

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by D. Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles W. Lindler, R.S. DATE 5/20/86

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