04838

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 PATRICIA KURLEY DATE 6-12-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Benfield Church Rd. - off old mts. Rd. - T.L. on Mock Mill Rd. - T.L. into 1st st. to dead end - 1/4 mi. on R.

S. R. No. _____

SUBDIVISION NAME MOCK MILL RUN LOT NO. 32 SECTION OR BLOCK NO. _____

DUBLENIDE

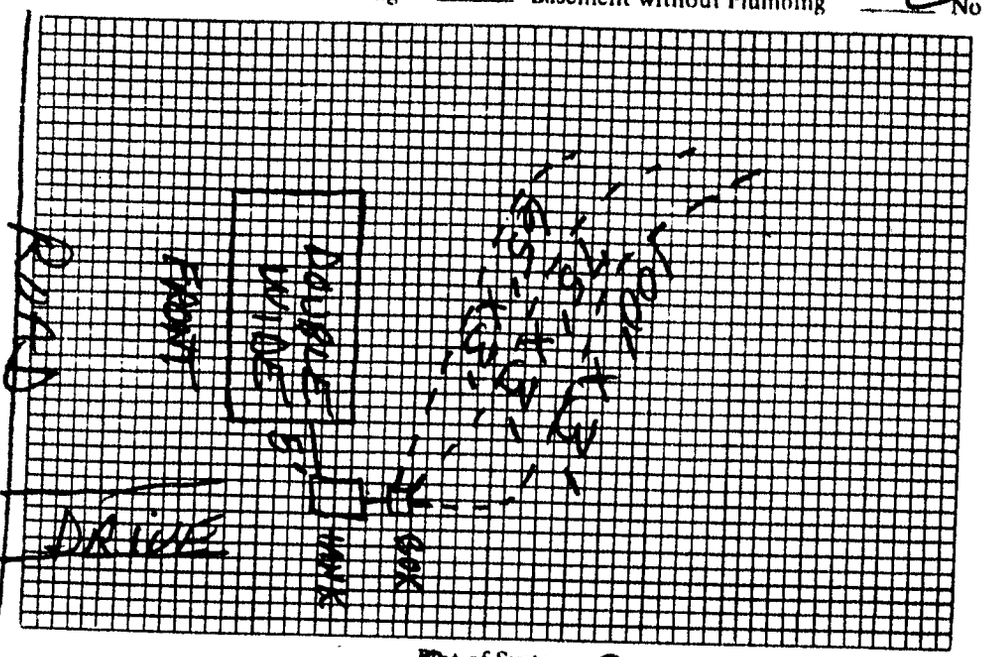
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area Ample

Character & Porosity of Soil Prev. Suitable.
Percolation Rate 5 gal./sq. ft.
Topography 2-6%
Depth to Water Table 10'+
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:
No. of Lines 3
Sq. Ft. 720 Lineal Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by Benny Suttrell / Dennis Gallister

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not drive or park over septic tank system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-12-86

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