04931

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 Betty Stanley DATE 6/27/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn to Bulah Ch., to TL Mock Mill, 1st street into development S. R. No. _____

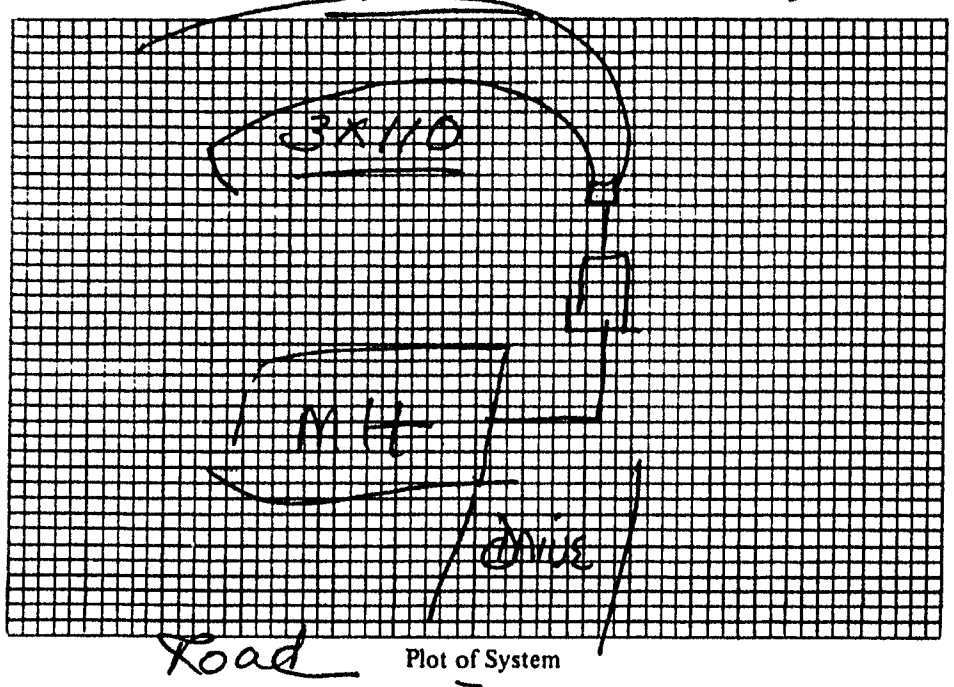
SUBDIVISION NAME Mock Mill Run LOT NO. 31 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____	No. Bathrooms _____		Character & Porosity of Soil	_____
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	_____
Auto. Dishwasher	Yes ( )	No (✓)	Topography	_____
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	_____
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	_____

Lot Area 3x130

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by J. Bulkin

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Carter L. Smith, Jr. DATE 6/27/86

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