06638

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 JACK CLANTON DATE 6-5-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Rock Mill Rd. off Bewley Rd. - T.L. on 1st st. - Last on (L) Left very down

S. R. No. _____

SUBDIVISION NAME ROCK MILL RUN LOT NO. 27 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2-3 No. Bathrooms 1-2 Character & Porosity of Soil Prov. Suitable.

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 5 Min. per in.

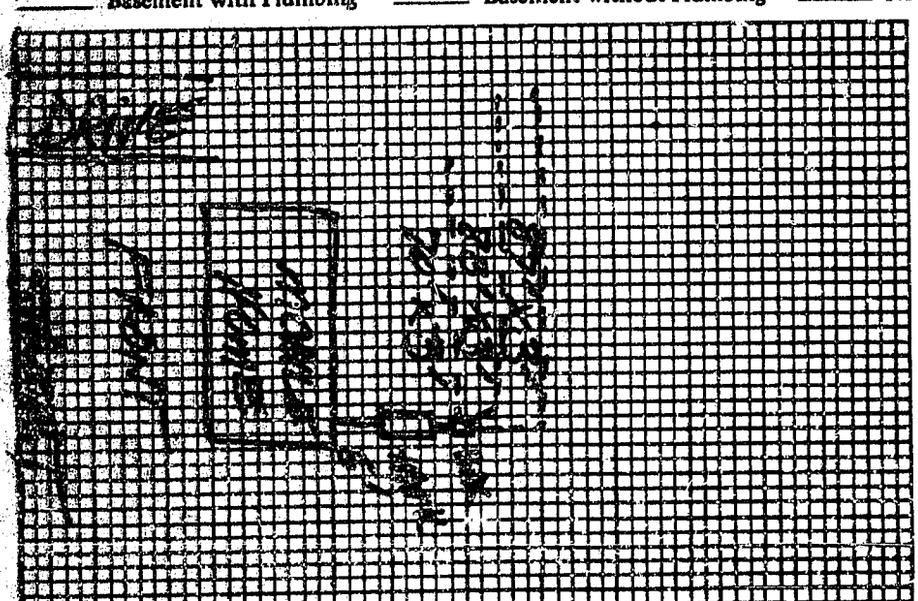
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6% Slope

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 12+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations none observed

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plat of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

Installed by Dennis Holliday

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 Steve Brown DATE 6-5-87

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