10533.

IREDELL COUNTY HEALTH DEPARTMENT

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

DATE 10-31-89 PERMIT NO 89-7-A-7

OWNER OR CONTRACTOR RANDALL THOMAS

PHONE: Business _____ Home _____

LOCATION Mac Smith Rd. off Amity Rd. - go approx. one mile to enter on left. - 1st Impala on left

SUBDIVISION NAME STONEWOOD DEV. LOT NO. 7 SECTION OR BLOCK NO. _____ S. R. No. _____

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 100' x 200'

Character & Porosity of Soil Appr. Suitable

Percolation Rate 45 MPI 6 ft.

Topography 2

Depth to Water Table 12+

Rock or other impervious formations Surface rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

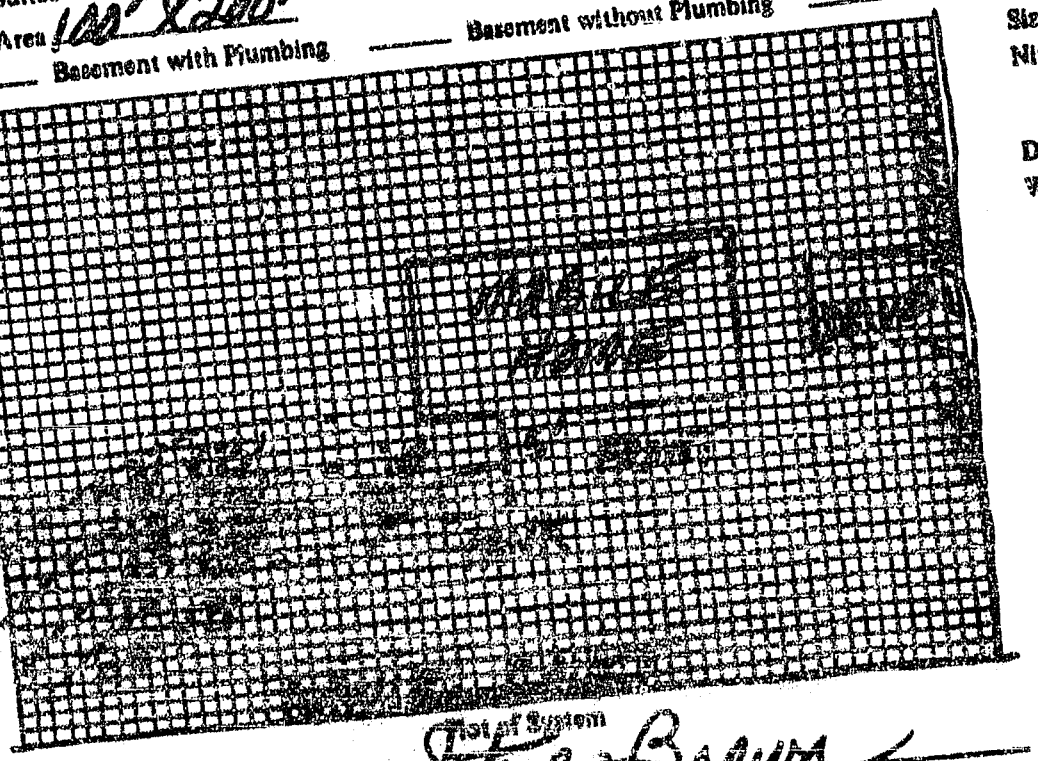
No. of Lines 4

Sq. Ft. 900 Lineal Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)



Installed by J. C. Forsyth

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown Asst. of System

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-31-89

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