08178

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 WILLARD AUTON DATE 6-21-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64 TGW - ½ mi past White Oaks - T.L. on Shady Rest Rd - T.R. on Dogwood Lane - 5th house on left. S. R. No. _____

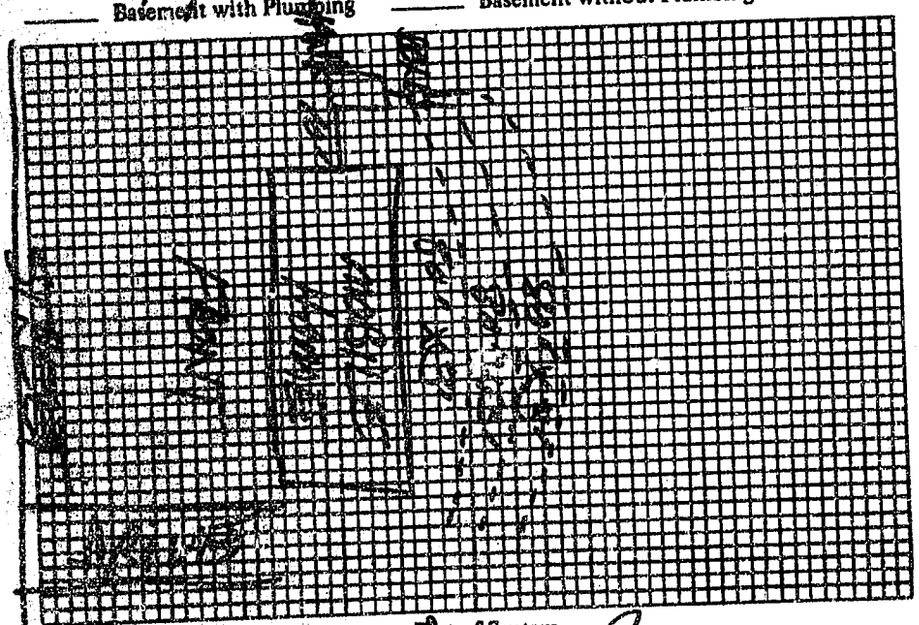
SUBDIVISION NAME HAWKS SD LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2	No. Bathrooms 1-2		Character & Porosity of Soil Loam Suitable
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate 4 min/in.
Auto. Dishwasher	Yes ( )	No (✓)	Topography 2-6%
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table 104
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations none observed

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 240 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by James Hudler

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 6-21-88

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