08177

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 6-2-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64 & 70 W - ½ mi past white oaks T.L. on Shady Rest Rd. T.R. on Maple Leaf Rd. 2nd lot on left. S. R. No. _____

SUBDIVISION NAME HAWKS SD. LOT NO. 4 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1-2

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 Prop. Suitable.

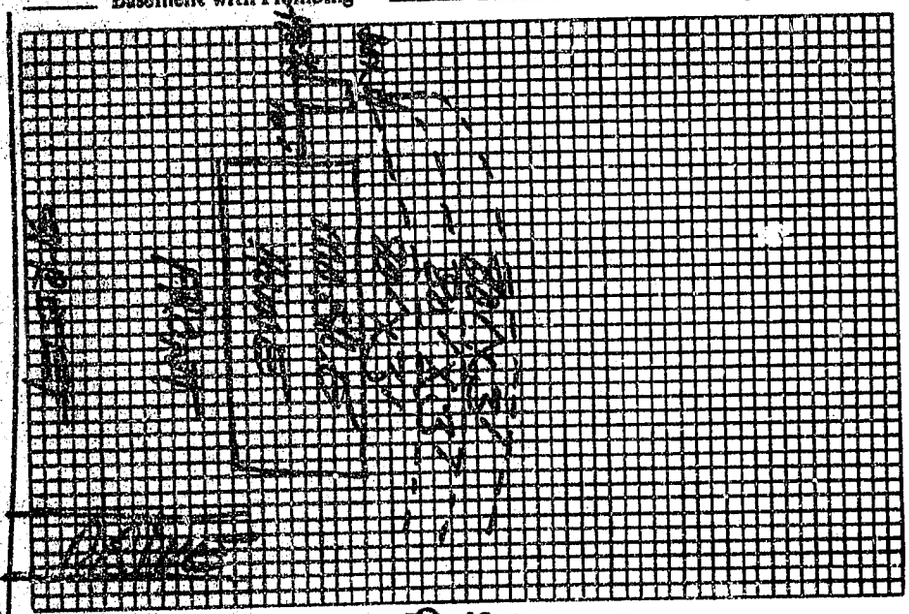
Percolation Rate .4 gal. per. ft.

Topography 2 to 6%

Depth to Water Table 14

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 Linear Ft. 240

Depth of Stone in Lines 24

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