09121

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 MARK TICEY DATE 7-25-89 PERMIT NO. B 13

PHONE: Business _____ Home _____

LOCATION Mott's Rd. south of TROUTT'S store & Rock on to Island Ford Rd. - go approx. one mile to 4th. gravel drive just this side bridge - first house on (R)

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 1 acre+

Character & Porosity of Soil Poor Suitable

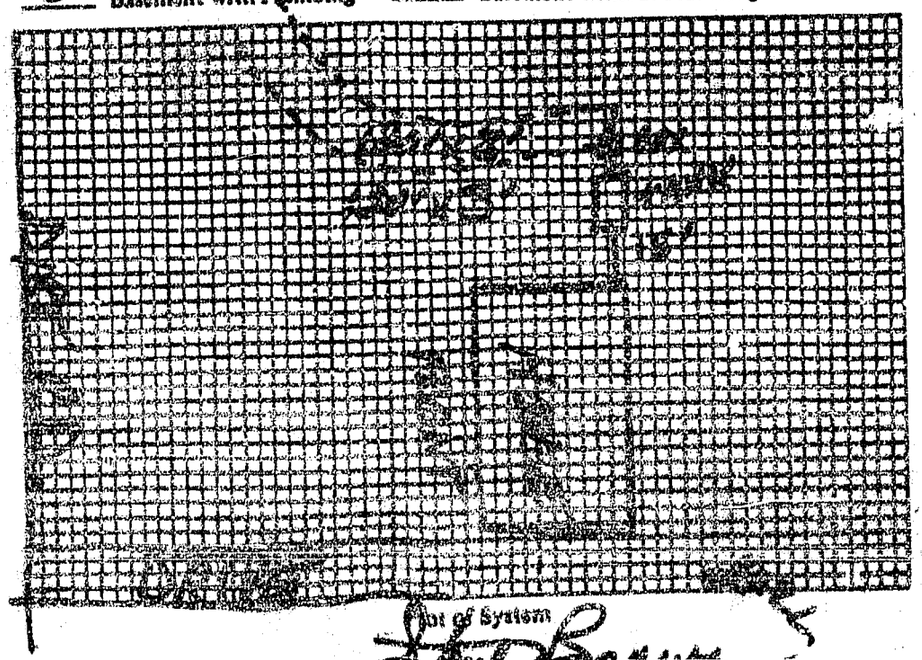
Percolation Rate 2-60 120 ft.

Topography 2-6%

Depth to Water Table 10+

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 2

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Doris Holder

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-25-89

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