09784

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 12C)

OWNER OR CONTRACTOR JOSEPH CANADY DATE 4-27-89 PERMIT NO. 14A

PHONE: Business _____ Home _____

LOCATION Bud Rd. to Stoneyford Dr. - go to end of hill Rd. - T.L. into lot on right down to lot on left - green HP. _____ S. R. No. _____

SUBDIVISION NAME STONEYFORD DEV. LOT NO. 3 SECTION OR BLOCK NO. _____

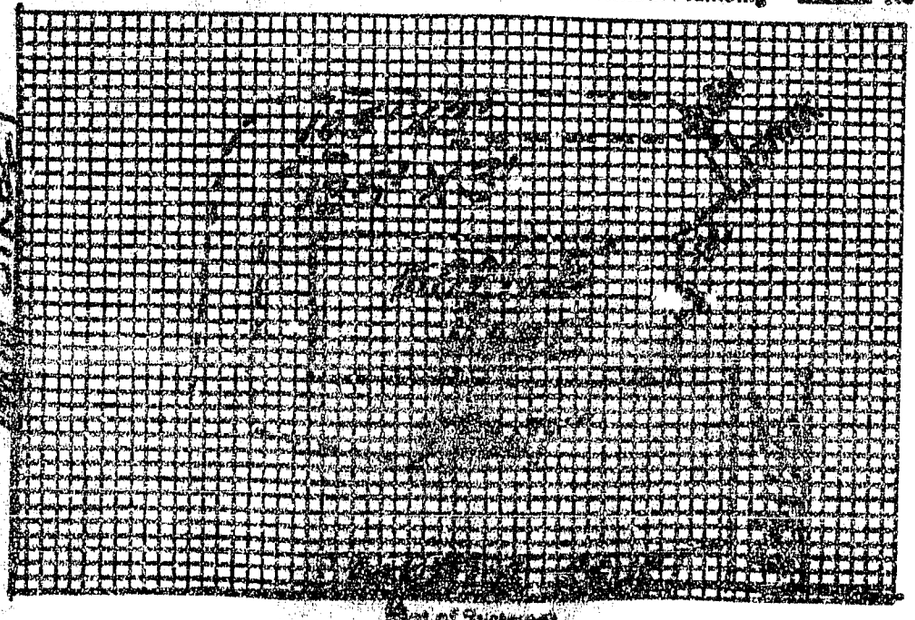
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 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 Red Loam Suitable.
Percolation Rate Good
Topography Level
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. 1200 Linear Ft. 240
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public (✓)

Installed by J. L. Forgett

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown (Sanitarian)

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-28-89.

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