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 MOUNT WAREHOUSES DATE 10-9-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 W - Turn left on Old Mtn. Rd. - 1st warehouse on left.

S. R. No. _____

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

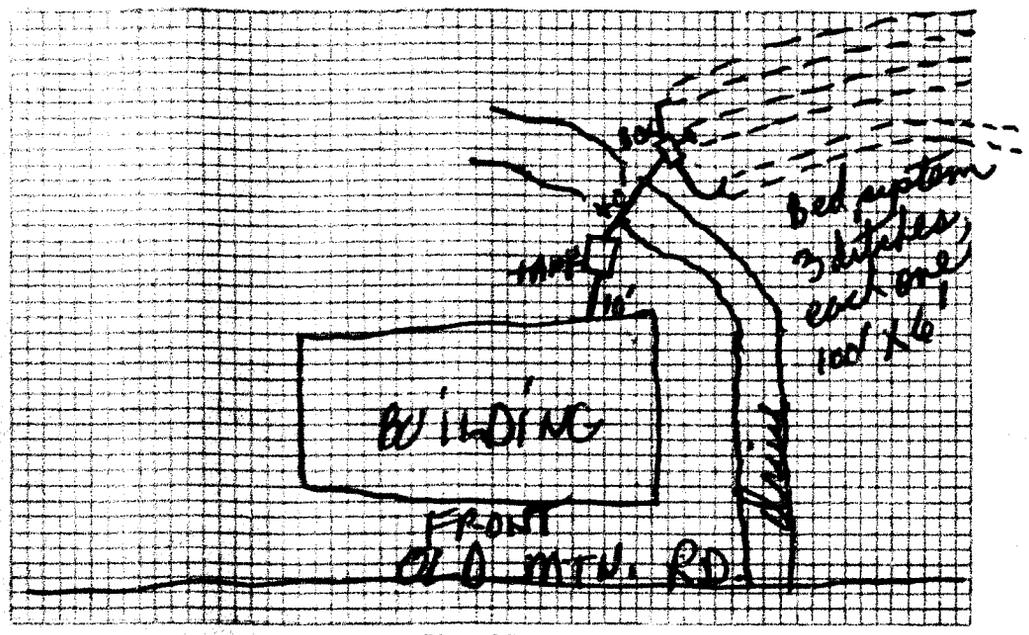
House ( ) Mobile Home ( ) Business (✓) Other Warehouse - 36 employees maximum per 24 hr. period.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Saprolite Hevil fine sandy loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	.5 application rate
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-6% slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'
			Rock or other impervious formations	none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1750 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 1800 Linear Ft. 600
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Hoke Septic Tank Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew Causey

COMMENTS: THE SEPTIC TANK FOR THIS PARTICULAR INSTALLATION MUST HAVE A BAFFLE WALL IN ORDER TO BE APPROVED. No parking over S.T. system + no drives; divert surface water.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-9-80

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