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 Yount Warehouses DATE 5/2/80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40W, T.L. on Old NC Rd, Inside 1st Warehouse on left across from Baulch Church S. R. No. _____

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

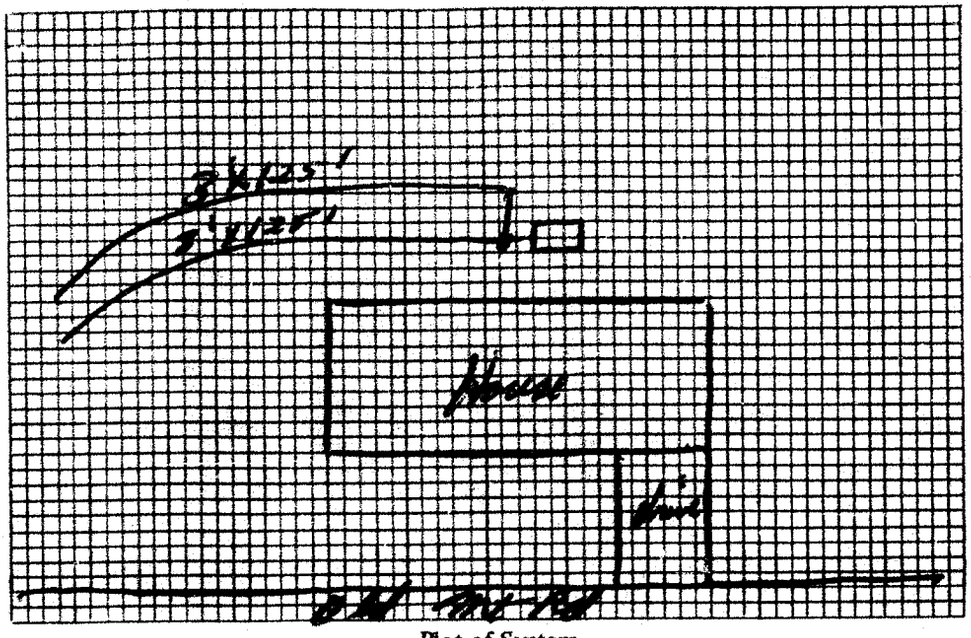
House ( ) Mobile Home ( ) Business (✓) Other Office Bldg - 4 employees

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Coil Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	16 gpm with set
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	2-6%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	∞
			Rock or other impervious formations	none observed

Lot Area average

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public ( )

Installed by Robert Hoke

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

Signed: _____

IMPROVEMENTS PERMIT BY AEC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 5/2/80

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