IREDELL COUNTY HEALTH DEPARTMENT

00195

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR RALPH YOUNT WAREHOUSE DATE 9-15-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 west, T.L. on Old Mtn. Rd, then T.L. on Orlit Drive, T.R. between Burch Fabric & Sachner Products. S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other septic tank system designed for 34 employees only.

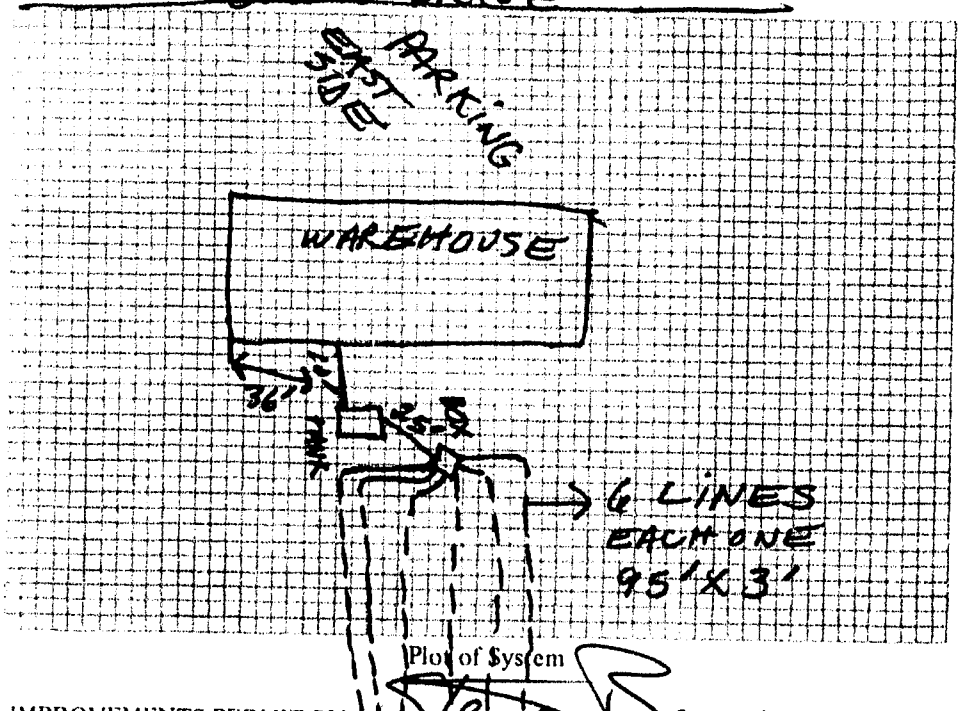
No. Bedrooms — No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Prev. Suitable
Percolation Rate 5 gal/sq. ft.
Topography 2-6%
Depth to Water Table 10'
Rock or other impervious formations none observed.

Lot Area Ample

ORBIT DRIVE



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1710 Linear Ft. 570
Depth of Stone in Lines 12"
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 Steve Brown

COMMENTS: Divert surface water away from S.T. system. Pipe gutter downspouts away from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-15-83

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