06488

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 ROBERT YOUNT DATE 6-19-87 PERMIT NO. ________

PHONE: Business ________ Home ________

LOCATION 70 West - T.L. on Old Mtn. Rd. - T.L. on Orbit Dr. - go down to Sackols Products on (-) S. R. No. ________

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

House ( ) Mobile Home ( ) Business ( ) Other Addition to existing factory.

No. Bedrooms X No. Bathrooms 2

Character & Porosity of Soil Prov. Suitable.

Percolation Rate .5 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

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

Lot Area Ample

Basement with Plumbing ________ Basement without Plumbing ________ ✓ No Basement

Size of Tank 1500 Gals.

Nitrification Field: 4

No. of Lines

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

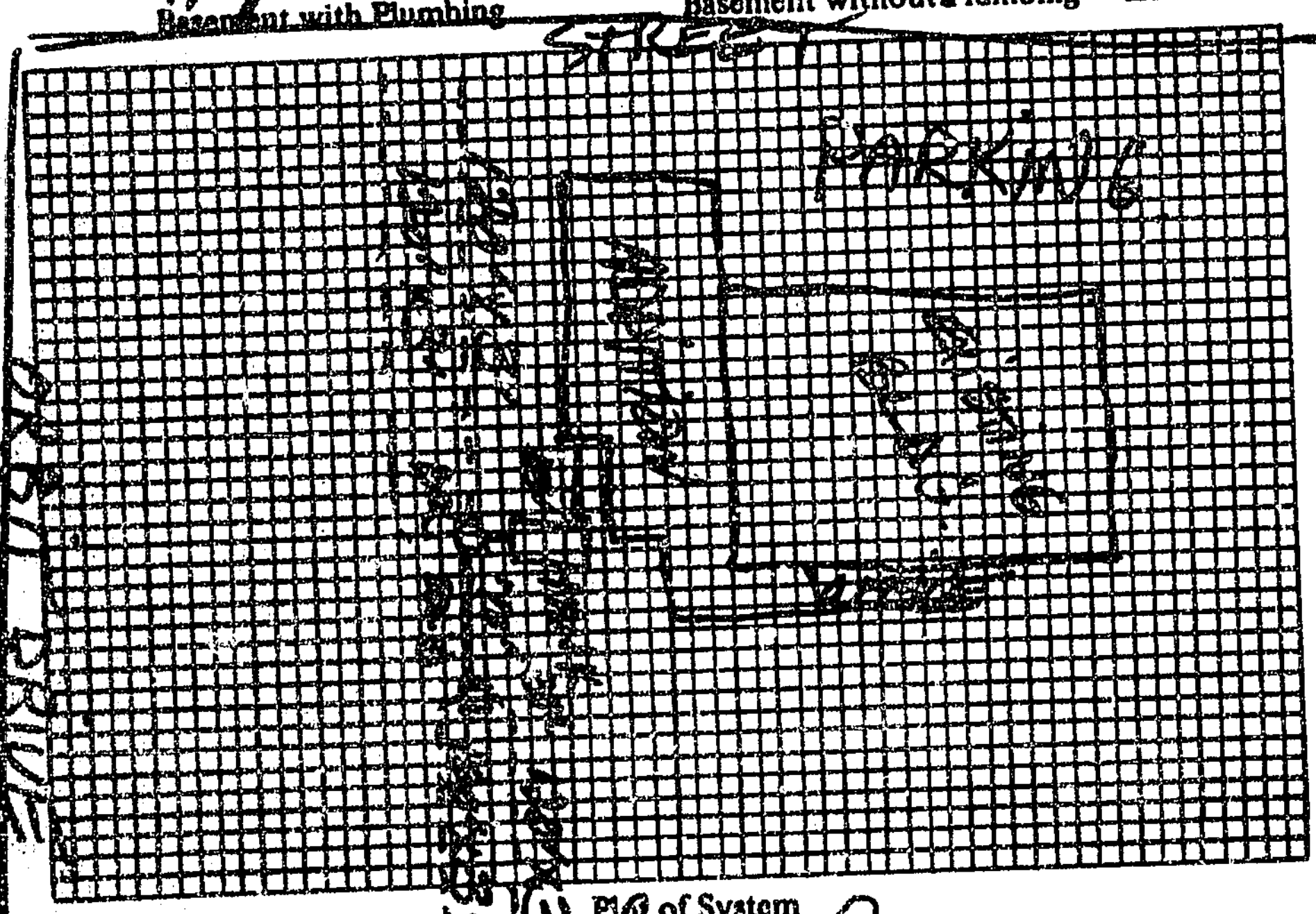
Water Supply: Individual ( )

Public (✓)

Installed by James Hudler

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: Maximum number of employees should not exceed 30

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-19-87

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