01512

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 JAMES McMILLAN DATE 6-5-84 PERMIT NO. _____

PHONE: Business _____ Home _____

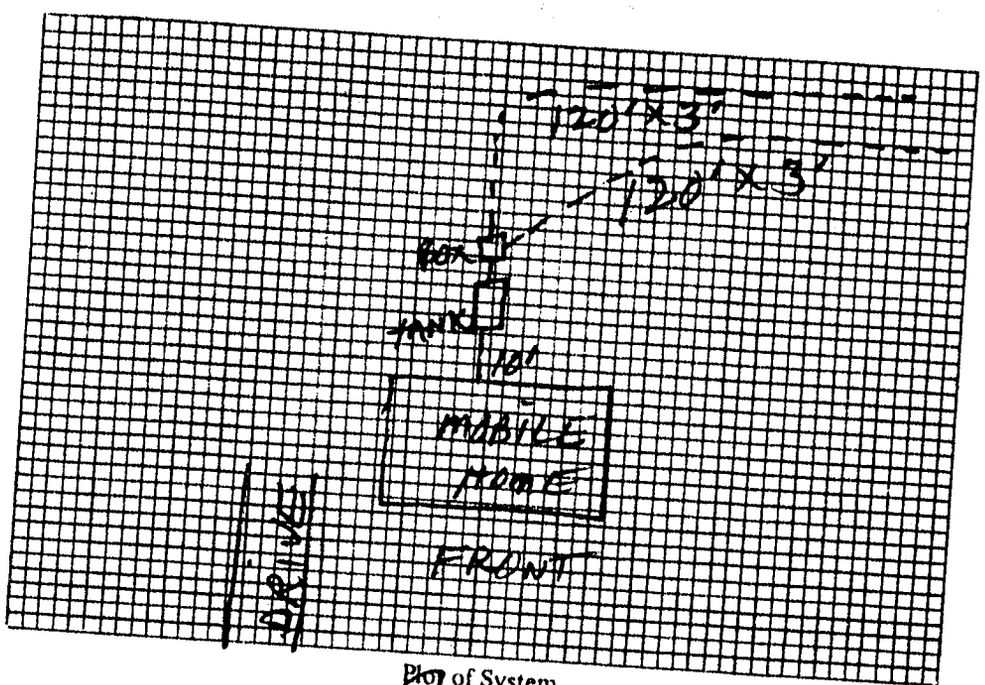
LOCATION Old Mtn. Rd. - north of Broadford X Rds. approx. 1.5 miles on (r) across from Old Miller Rd. - MH behind house R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prev. Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 5 min/1 in.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 - 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10+
Lot Area Ample			Rock or other impervious formations none observed.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 2

No. of Lines _____

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by James Hartness

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 6-5-84.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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