01688

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 CLYDE HALL ENTERPRISES DATE 7-6-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 west - T.R. on old Mtn. Rd. go approx. 1 mi. past Bradfords X Plus on (E) - Entry dwy - 300 yards on left.

SUBDIVISION NAME _____ LOT NO. 8 S/R. No. _____

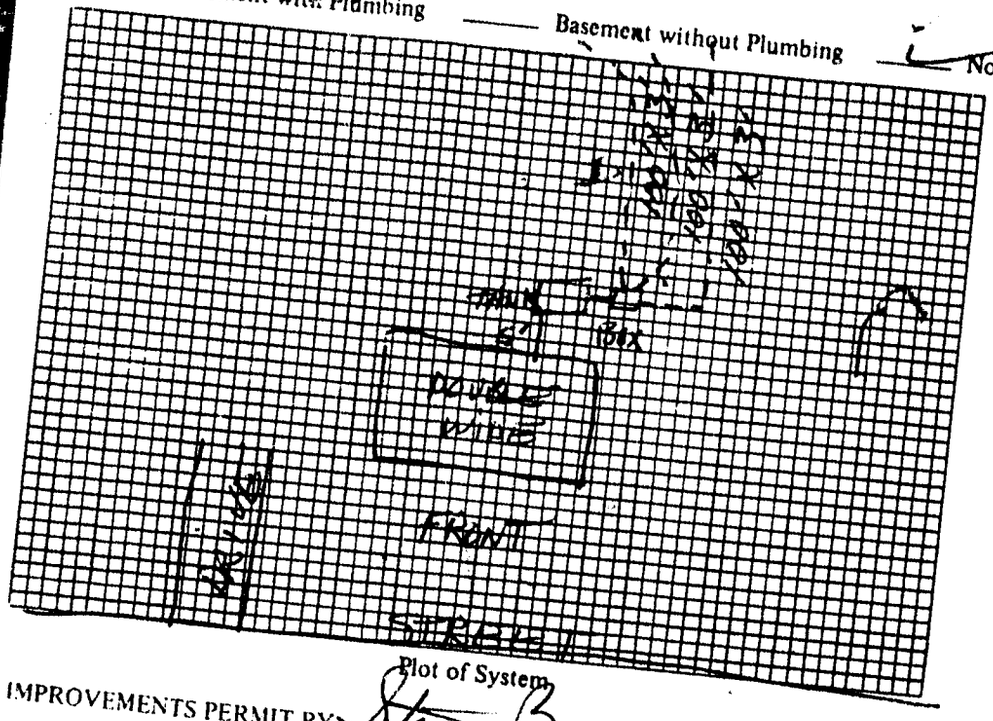
House ( ) Mobile Home (✓) DOUBLE WIDE Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Lgr. Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 40 gal/sq.ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+

Lot Area 20,000 sq. ft. Rock or other impervious formations None observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (✓)

Installed by H. B. Salmons

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 DATE 7-6-84

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