02123

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 10-17-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. west - 1.5 miles past Bradfords X Rds. on (L). Enter dev. - ¼ mi. on left. S. R. No. _____

SUBDIVISION NAME HALLMARK ESTATES LOT NO. 7 SECTION OR BLOCK NO. _____

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

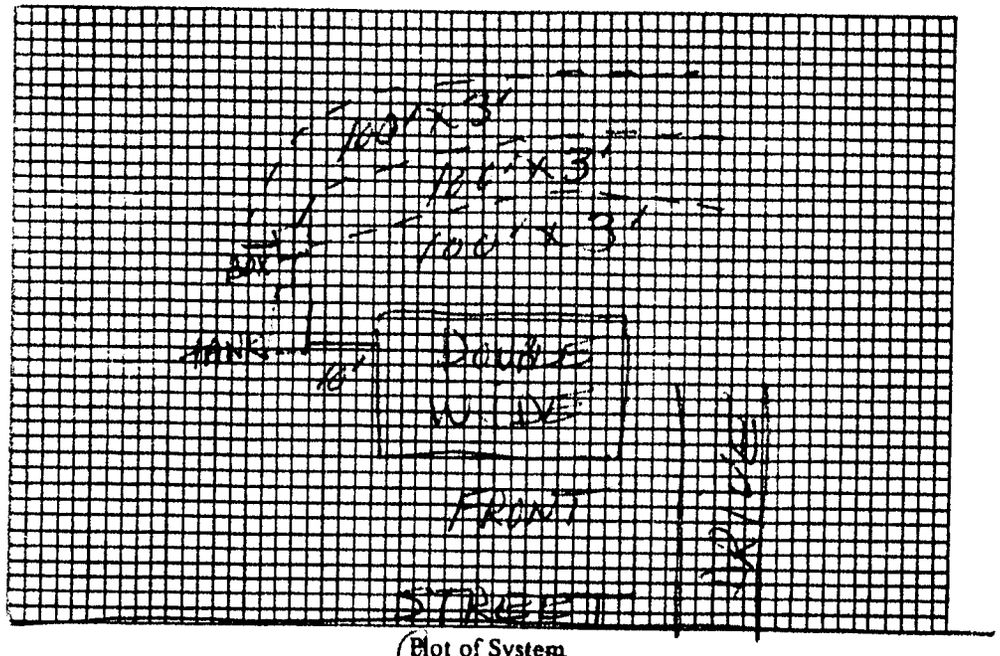
No. Bedrooms 2-3 No. Bathrooms 1-2

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

Character & Porosity of Soil Prop. Suitable
Percolation Rate 4 gal/sq. ft.
Topography 2-6%
Depth to Water Table 18+
Rock or other impervious formations None observed.

Lot Area 110' X 186'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 100 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by George Kirpatrick

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 10-17-84.

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