01410

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 5-2-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. - north of Bradfords X Rds. approx. 1.5 miles on (F). Enter dev. - 100 yards on (F).

SUBDIVISION NAME _____ LOT NO. 33 S. R. No. _____

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

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 ( )

Lot Area 1/2 acre

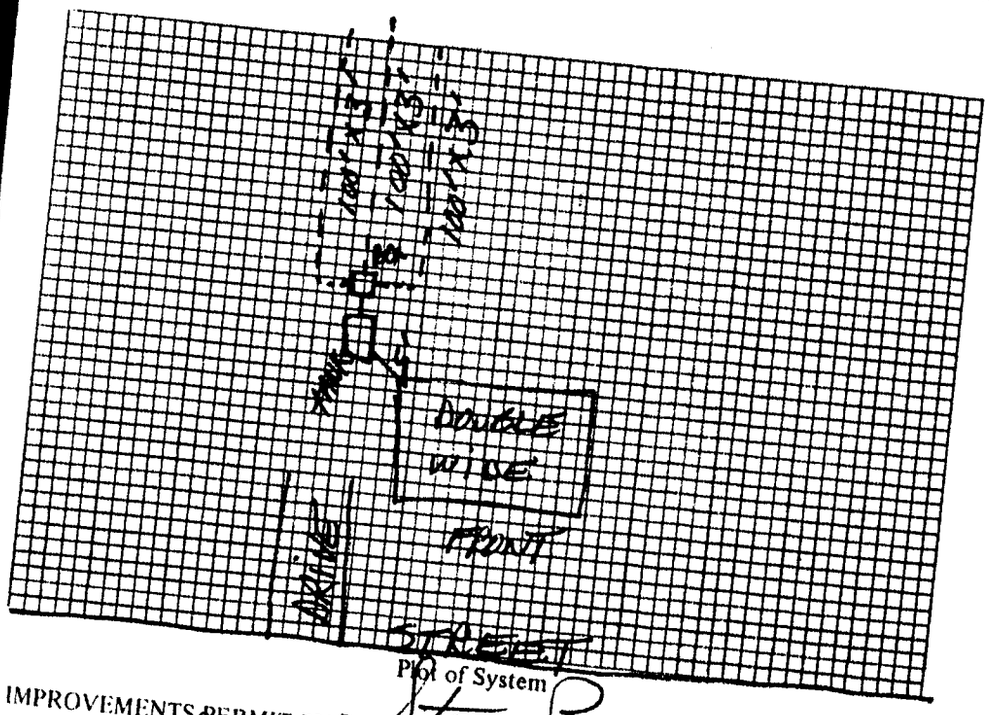
Character & Porosity of Soil Sandy Loam

Percolation Rate 1 gal/sq. ft. Suitable

Topography 2-6%

Depth to Water Table 10+

Rock or other impervious formations none observed.



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: Landscape over S.T. system for surface water control.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-2-84

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