01409

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 5-1-84

PHONE: Business _____ Home _____ PERMIT NO. _____

LOCATION Old Mtn. Rd. north of Bradfords X Rds. approx. 1.5 mi. on (r), enter dev. - 150 yards on (l).

SUBDIVISION NAME _____ LOT NO. 31 S. R. No. _____

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 ( )	

Lot Area 1/2 acre

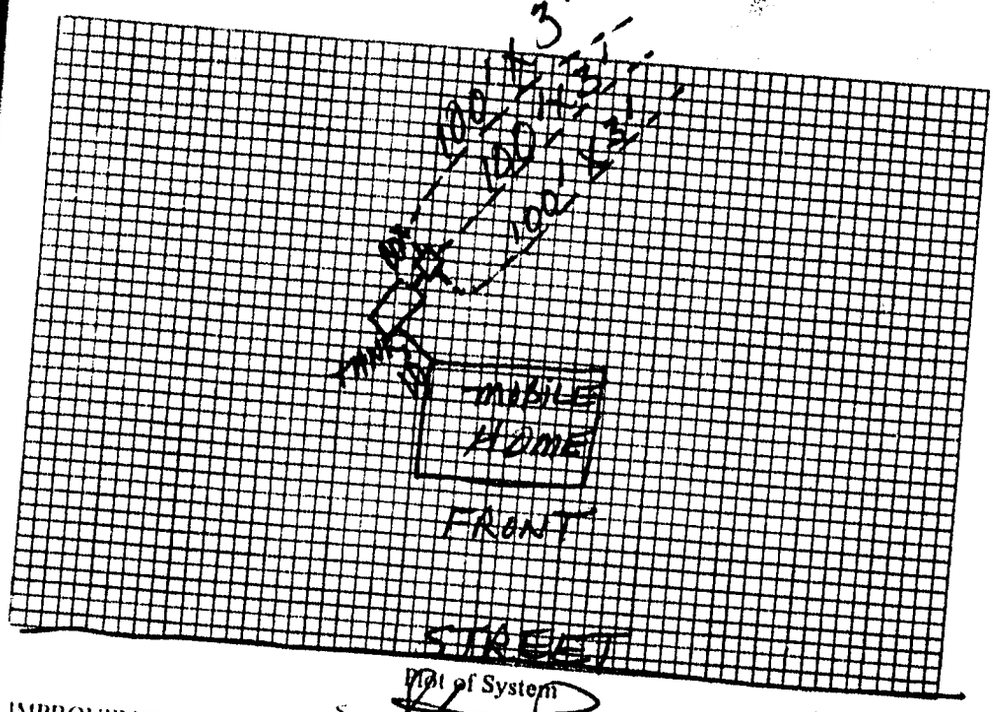
Character & Porosity of Soil Prev. Suitable

Percolation Rate 4 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.



Plat of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines

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

EXISTING SYSTEM CHECKED BY: _____ DATE 5-1-84

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