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 SNYDER DATE 3-15-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old mtn Rd. north of I-40 - 2 miles on (R) - Enter dev. 1st on left at end.

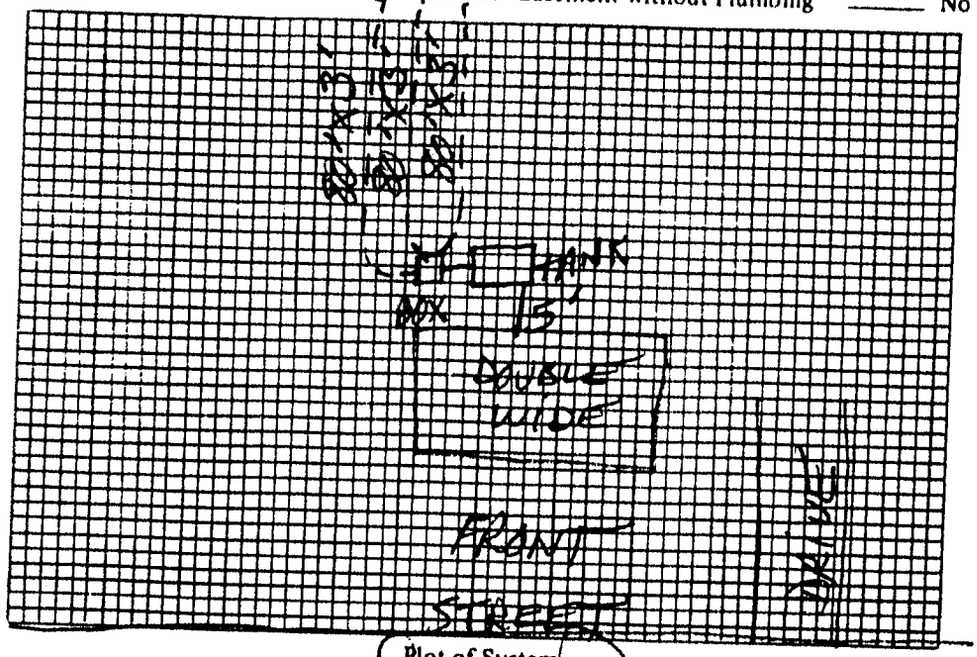
SUBDIVISION NAME CLYDE HALL ENTERPRISES LOT NO. 15 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	5gal./sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+
Lot Area	Ample		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. 720 Linear Ft. 240
Depth of Stone in Lines 2

Water Supply: Individual ( )
Public (✓)

Installed by Dale Lackey / Roger Sigmon

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 3-15-85

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