01986

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 BART MILLSAPS DATE 12-31-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. - T.R. on Massey Dean Rd. - T.R. on Horseshoe Loop - 2nd mobile home on (L).

SUBDIVISION NAME _____ LOT NO. 9 S. R. No. _____

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

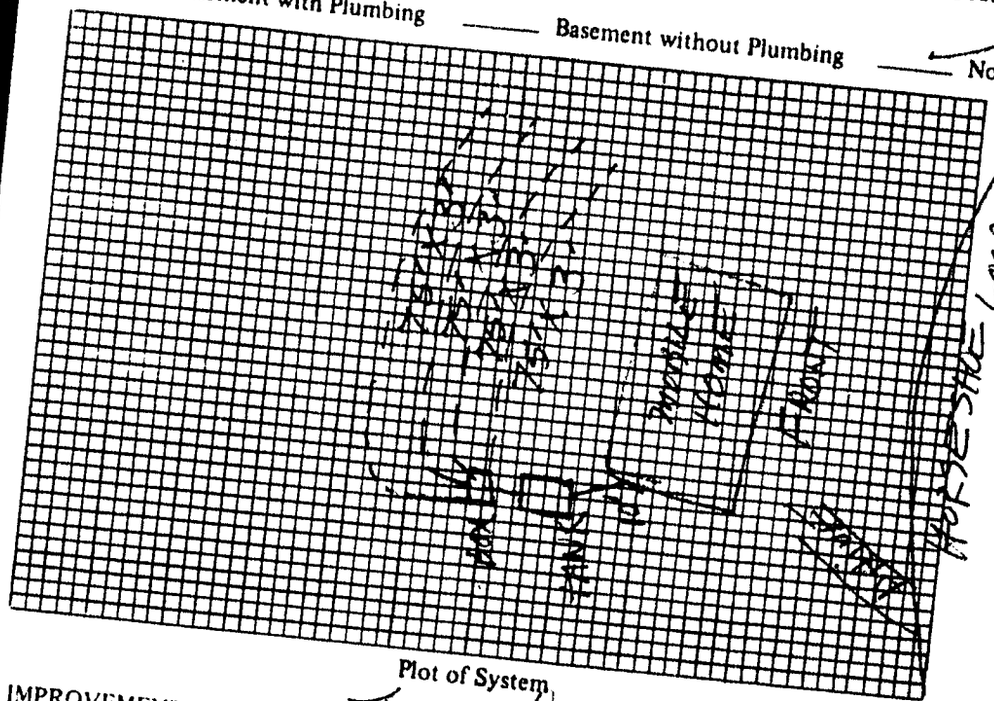
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clays III
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 4 gal/sq.ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-8%
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



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Allen Corbett Bart Millsaps

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Terry L. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-31-84

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