00940

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 Howard Keaton DATE 8-13-84 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 90W TR on SR 1554 - TL on SR 1570 (Harris Bridge Rd) Cross River 1st Mobile Home on Rt

SUBDIVISION NAME ______ S. R. No. 1570

LOT NO. ______ SECTION OR BLOCK NO. ______

House ( ) Mobile Home (✓) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area ______

Character & Porosity of Soil Clay - Mod. Suitable

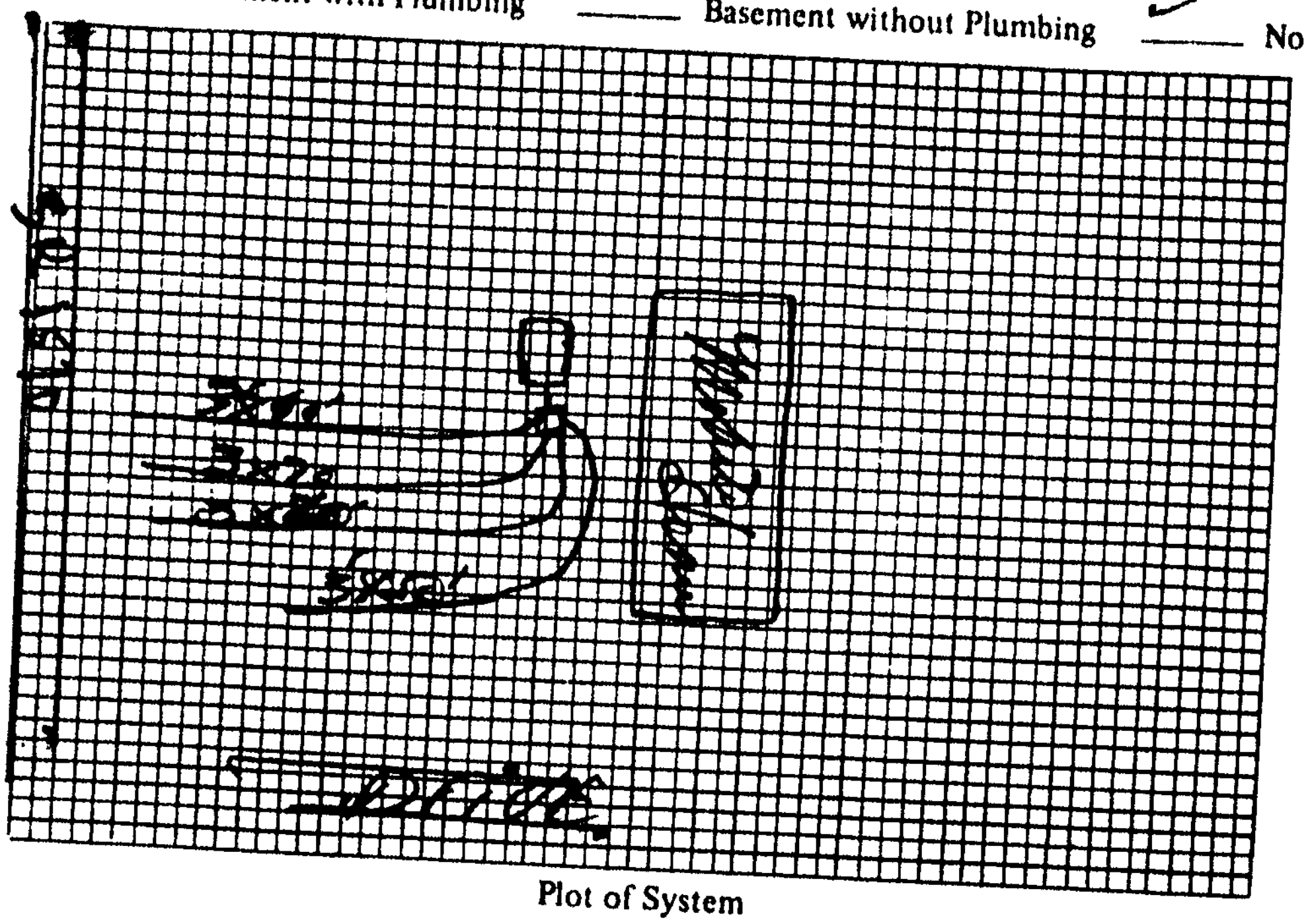
Percolation Rate .55 gal/sf/day

Topography 2-6% slopes

Depth to Water Table 10'+

Rock or other impervious formation Scattered Rock

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Kenneth Chaffin

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Glenn Fox Jr

EXISTING SYSTEM CHECKED BY: ______ DATE 8/13/84

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