02295

# 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 N. DAVIS DATE 7-18-85. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. near end - T. L. to dev. - go all the way to lockside loop - T. R. on street - 100 yards on left. S. R. No. _____

SUBDIVISION NAME HERONWOOD DEV. LOT NO. 4 SECTION OR BLOCK NO. _____

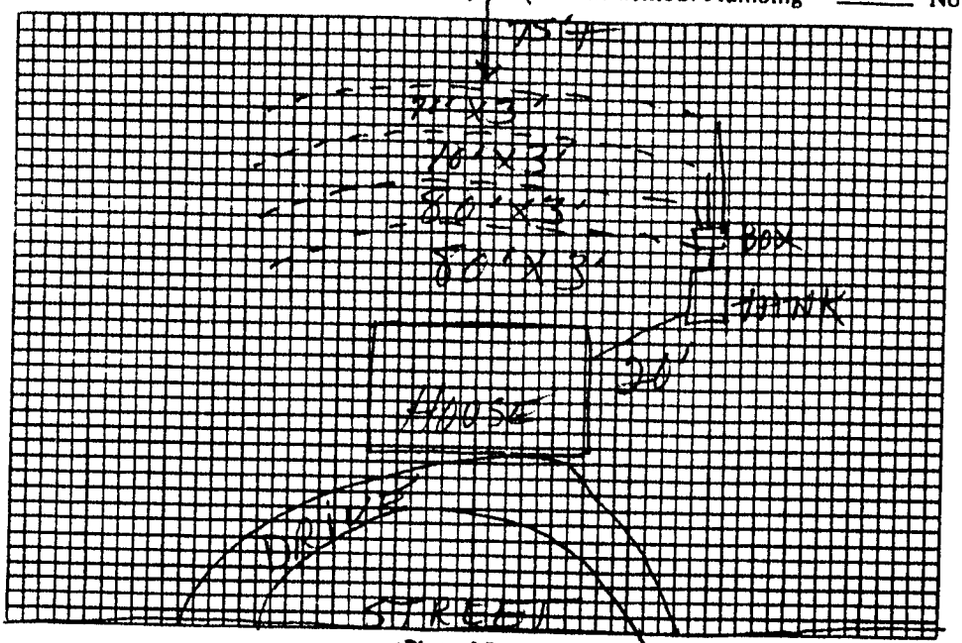
House (4) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (4) | Character & Porosity of Soil |
| Auto. Dishwasher | Yes (4) | No ( ) | Percolation Rate |
| Auto. Wash. Machine | Yes (4) | No ( ) | Topography |
| Site Suitable | Yes (4) | No ( ) | Depth to Water Table |
| | | | Rock or other impervious formations |

Lot Area .6 acre LAKE

(4) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement




Plot of System

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 (4)

Installed by Donald Lackey

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 7-18-85.

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