15377

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James M. Poole DATE 1-7-93 PERMIT NO. 30-B-16

PHONE: Business _____ Home _____

LOCATION Old mtn Rd Turn on Buffalo Shoales Turn on Eufala Rd 1/2mi on Rt.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 9.45

Soil Characteristics Clayey

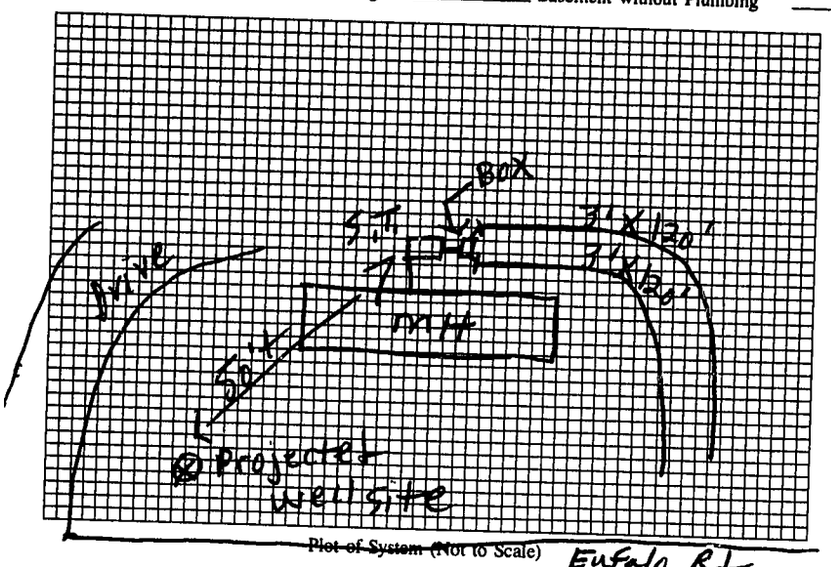
Application Rate .33

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by AAA Enterprises

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY J. C. Moore

COMMENTS well not located at time of this inspection

CERTIFICATE OF COMPLETION BY J. C. Moore DATE _____

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold