03455

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 EVELYN LYTTON DATE 8-27-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Celeste - Eufola Rd. - off old Mtz. Rd. - go to 1st hard top on left (Black Rd) - Mobile Home on left at end S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Fair - Suitable

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate Good 1 gal. ft.

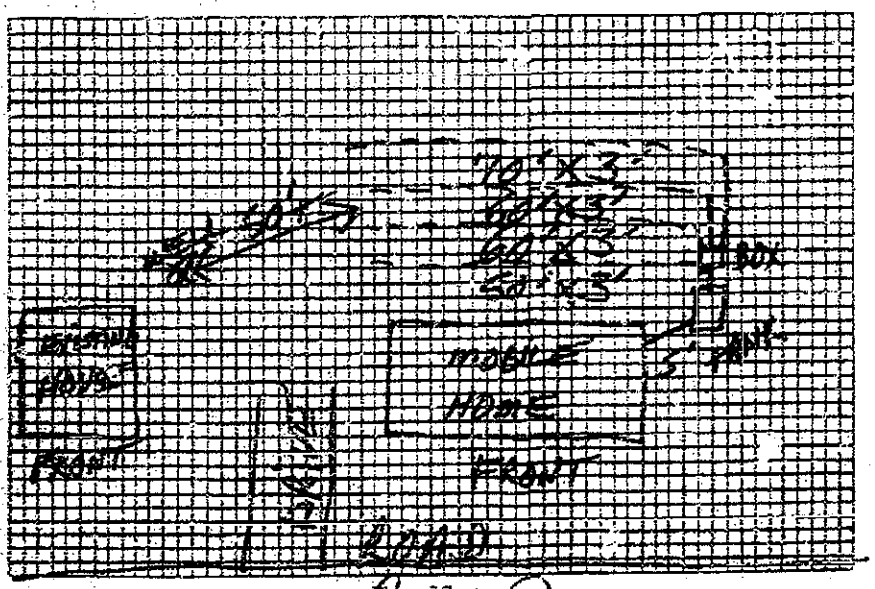
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6%

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10'+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None observed.

Lot Area 1.2 acres

_____ 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 James Hudler

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 8-27-85

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.

OCT. 29, 1989 8:48