09740

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OF CONTRACTOR BENNIE BABB JR. DATE 4-28-89 PERMIT NO. 14 A.

PHONE: Business ________ Home ________

LOCATION Hwy 64-70W-T.L. on Old Mtn. Rd. at White Oaks-T.R. on Lewis Ferry Rd. 1 Bldg. behind 1st mobile home on left. S. R. No. ________

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

House ( ) Mobile Home ( ) Business (✓) Other GARAGE WITH KITCHEN & BATH.

No. Bedrooms ________ No. Bathrooms 1

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

Character & Porosity of Soil Prov. Suitable

Percolation Rate 4 gal/sq.ft

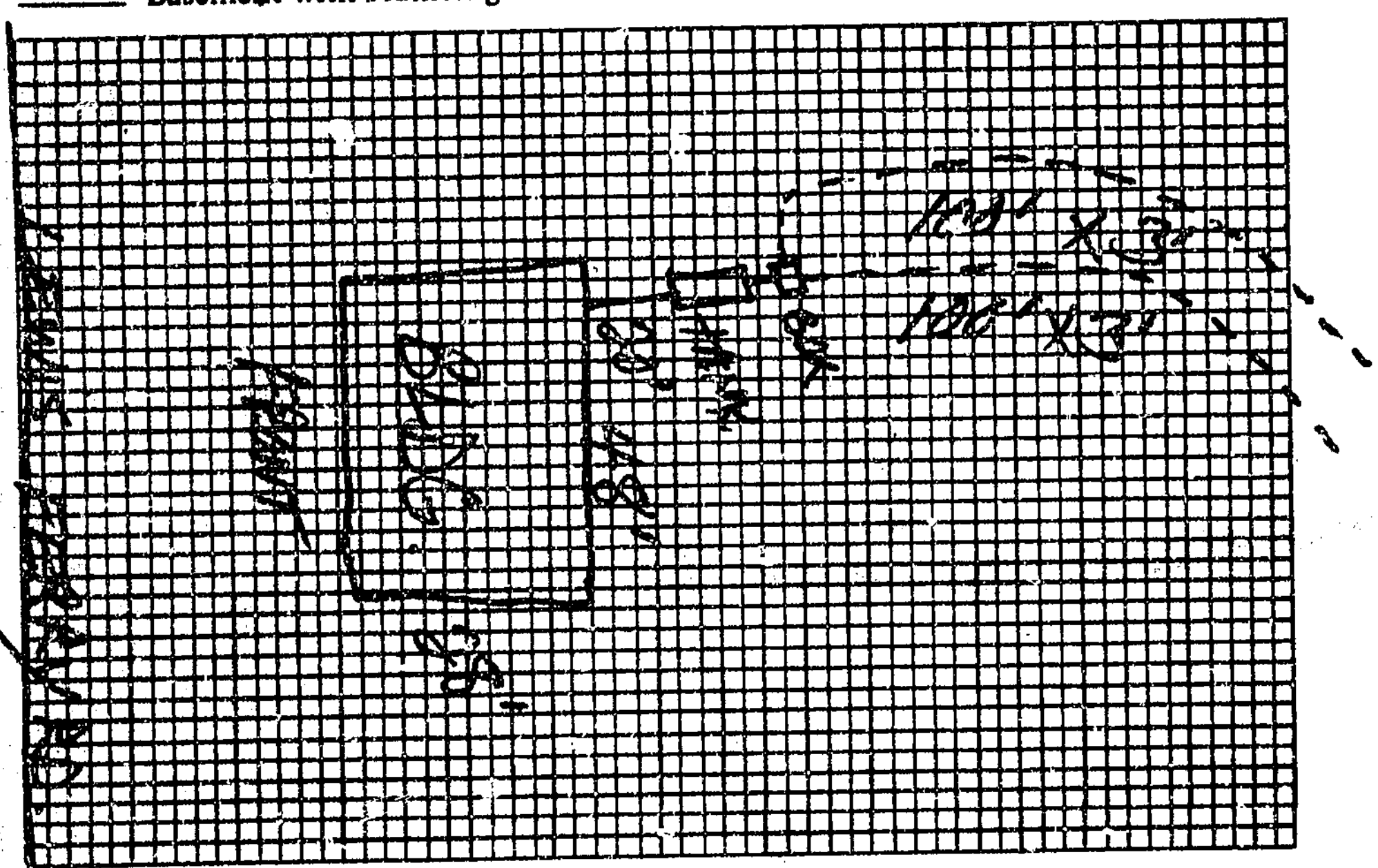
Topography 2-4%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

Lot Area Ample.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 2

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

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 4-28-89.

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