1486.

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 JOHN GRANT DATE 8-17-90 PERMIT NO. 8K-E-5

PHONE: Business _____ Home _____

LOCATION Celeste-Eufola Rd. off Amity Rd. - 1st mobile home on left.

S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other: Mfg Limited Large Water

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

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 2-60 Lpg ft.

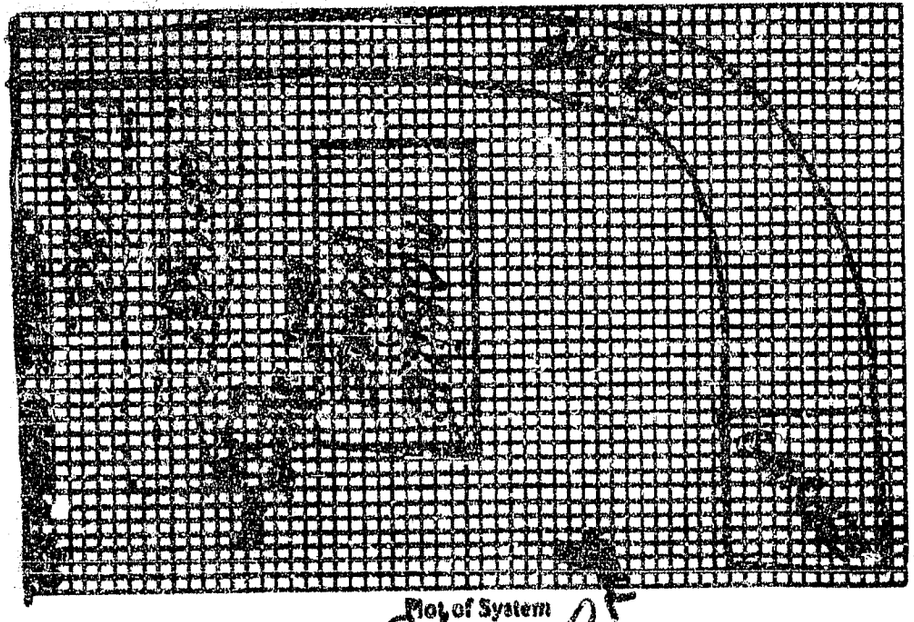
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6% ft

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 18+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations Rock observed.

Lot Area Ample.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

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 Tommy Cothren

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 8-17-90

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