03586

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 STEVE RIDDLE DATE 10-2-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - used car business on left beside Shato Madrid in Taray. S. R. No. _____

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

~~OFFICE WITH 2 EMPLOYEES.~~

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

No. Bedrooms 1 No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes (✓) No ( )

Lot Area 4.44 acres

Character & Porosity of Soil Prov. Suitable.

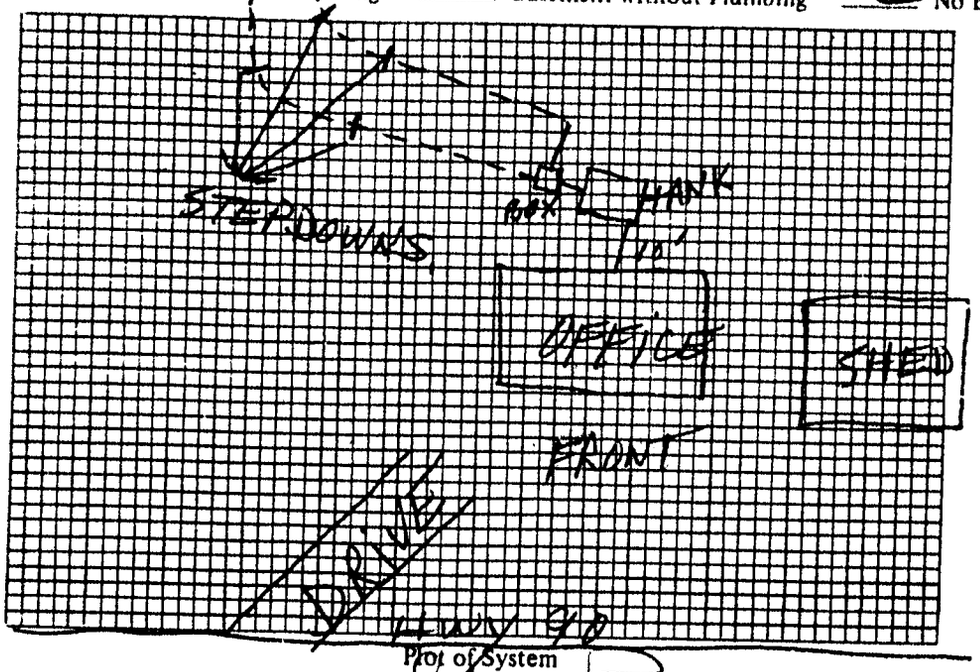
Percolation Rate 5 gal. / sq. ft.

Topography 2-6%

Depth to Water Table 12+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Oren Payne

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 10-2-85.

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