04891

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: Foy Marlowe

PHONE: Business ______ Home ______ DATE: 06-18-86 PERMIT NO. ______

LOCATION: 115 N, T.L. Sullivan Farm Rd, continue on Scotts creek Rd. past Little Farm Rd, MHP on right, lot on left at bottom hill

SUBDIVISION NAME ______ S. R. No. ______

LOT NO. 12 SECTION OR BLOCK NO. ______

House ( ) Mobile Home (✓) Business ( ) Other: camper

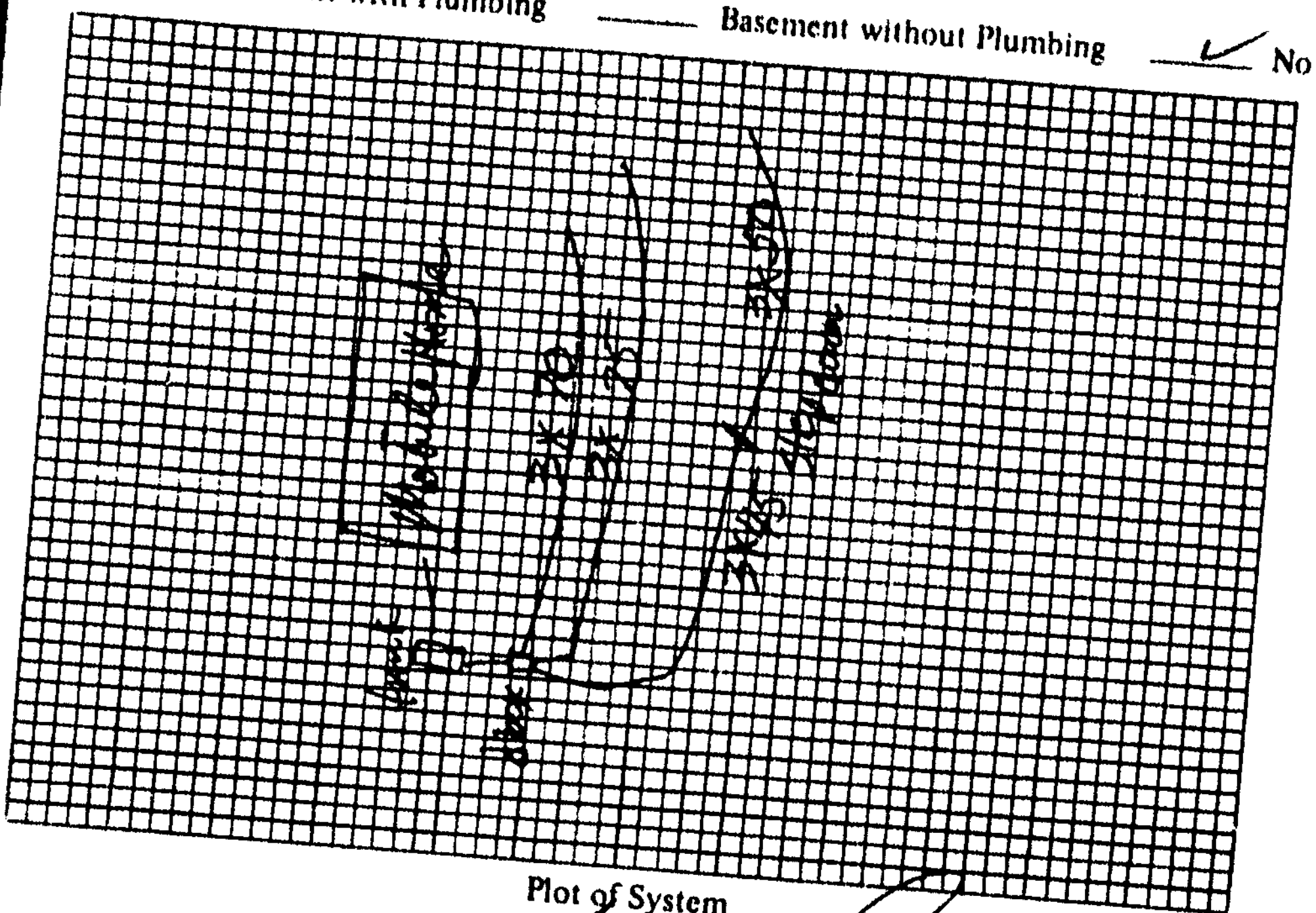
No. Bedrooms: 2 No. Bathrooms: 1

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

Lot Area: 100' x 200'

Character & Porosity of Soil: Prov. suitable
Percolation Rate: 0.5 gal/ft²/day
Topography: 2-10% slope
Depth to Water Table: 10'
Rock or other impervious formations: none

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank: 1000 Gals.

Nitrification Field:
No. of Lines: 3
Sq. Ft.: 720 Linear Ft.: 240
Depth of Stone in Lines: 12"

Water Supply: Individual ( )
Public (✓)

Installed by: Ken Chaffin

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

Signed: ______

IMPROVEMENTS PERMIT BY: Terry L. Pierce

COMMENTS: Recommend removing two maple trees near system

CERTIFICATE OF COMPLETION BY: Terry L. Pierce DATE: 06-18-86

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