03019

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 D. E. Douglas DATE 5-13-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N Tn on SR 1571 (Briggs Ch. Rd) TL on Private Rd before AME Zion Ch Trl left [illegible]

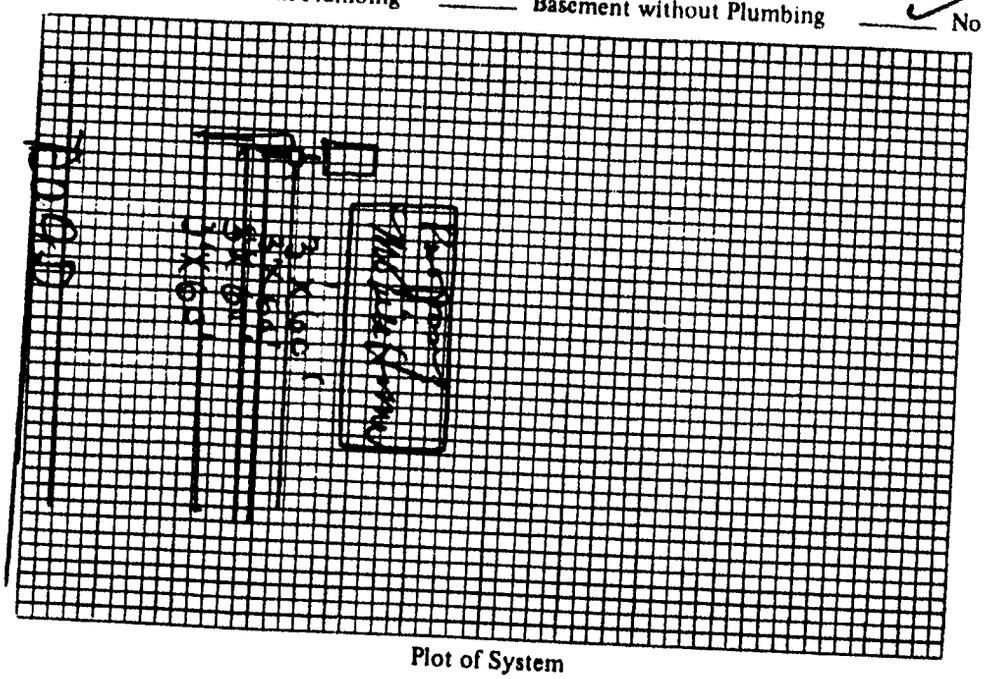
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ P. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Cecil - Por. Suitable
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	30 min per inch
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Gently rolling
Site Suitable	Yes ( )	No ( )	Depth to Water Table	18'
Lot Area _____			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 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey & C.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 5/13/85

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