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# 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 Greg CRAIG CARLTON DATE 8-6-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hicks Creek Rd. off East Maple Rd. - creek & T.R. on 1st st. (Old Spring Alley) - Usher on left near end of st. S. R. No. _____

SUBDIVISION NAME CEDAR WOOD DEV. LOT NO. 778 SECTION OR BLOCK NO. _____

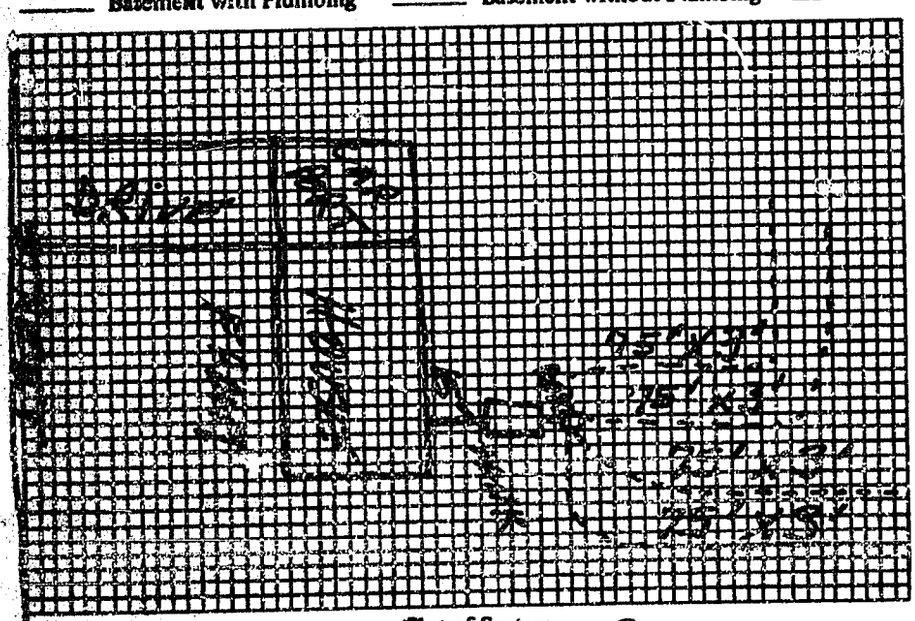
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2.5

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil Perc Suitable. |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate 4 MPI / 12 ft. |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography 2-8% |
| Site Suitable | Yes (✓) | No ( ) | 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: 4

No. of Lines _____

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Donald Sackey

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 8-10-87

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