00329

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 TRIANGLE CONSTRUCTION DATE 10-10-83 PERMIT NO. _____

PHONE: Business _____ Home _____

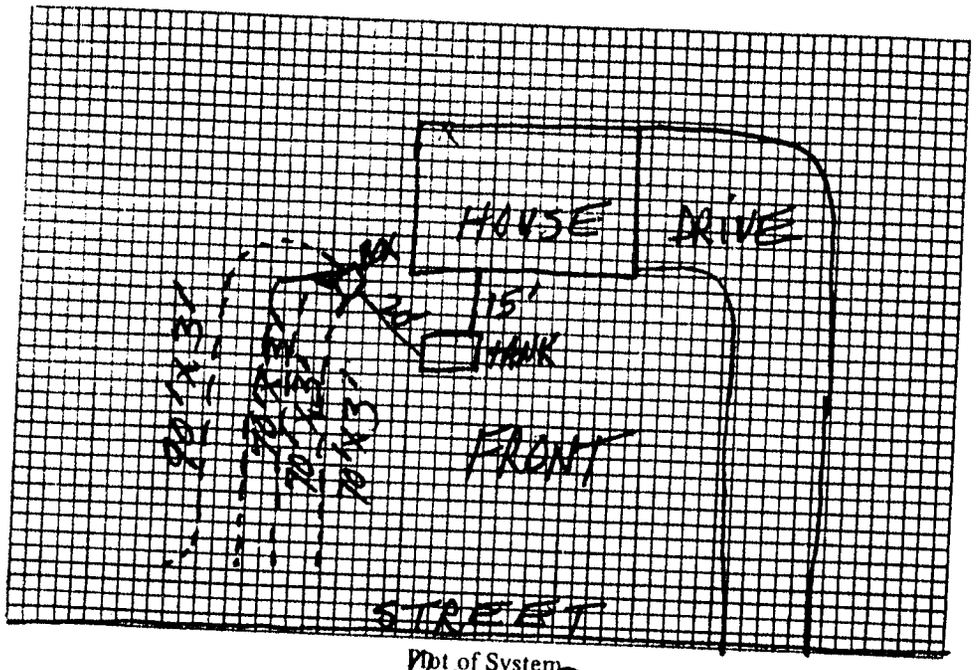
LOCATION Buffalo Shoals Rd. - ½ mi. past Kyles Xing on left. Lot back off rd. near end.

SUBDIVISION NAME TIMBERBROOK S. R. No. _____ LOT NO. 19 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prov. Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .4 gal/sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+
Lot Area Ample			Rock or other impervious formations none observed.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Ed O'Keefe

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not pipe any gutters off so they empty over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-10-83

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