IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

8169

OWNER OR CONTRACTOR Wanda Hall DATE 7387 PERMIT NO. DH

PHONE: Business _____ Home _____

LOCATION Old NC Rd south of Eyles Xing Semi on right tree lay pond

_____ S. R. No. _____

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

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

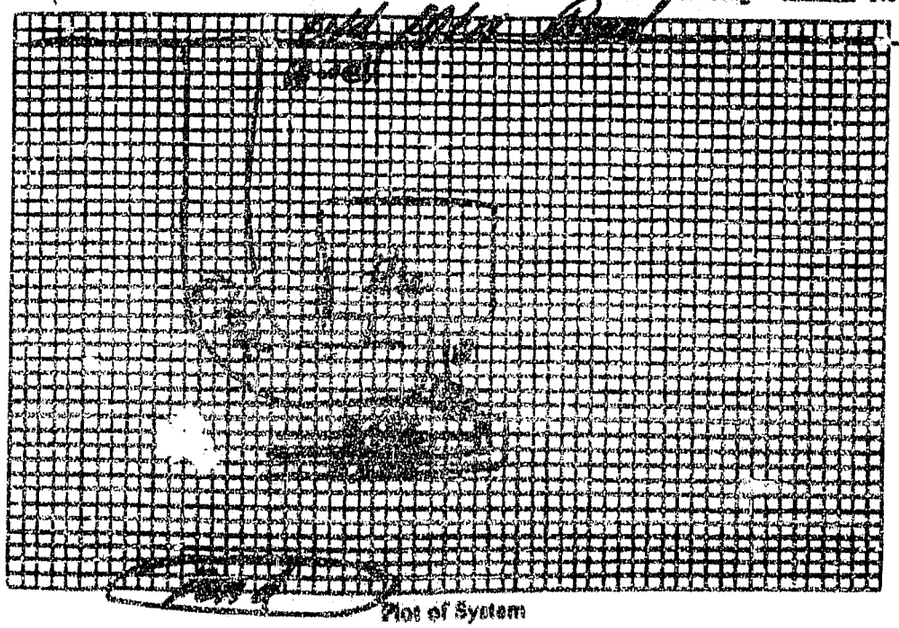
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2 AC

Character & Porosity of Soil goes suitable
Percolation Rate 24
Topography slo G/F
Depth to Water Table 18 F
Rock or other impervious formations Deep

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1100 Gals.
Mitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Jones Walker

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 _____ DATE 7387

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