08074

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 CLAUDE MITCHELL DATE 4-21-98 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn L off Fairfield Church Rd. - go 1/2 mi. T.R. just before Dr. - stay straight - it's the 1st house on right after Dr. S. R. No. _____

SUBDIVISION NAME FAIRFIELD ESTATES LOT NO. 13 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5 Character & Porosity of Soil Clay, sandy loam

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 2-4, 2-4

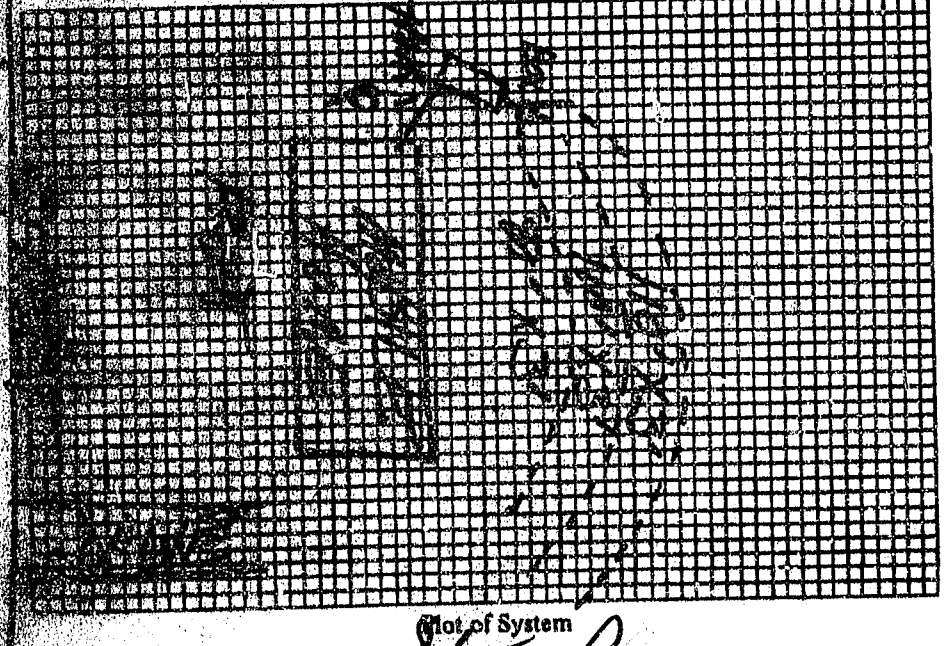
Auto. Dishwasher Yes ( ) No (✓) Topography Rolling

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 12+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None observed

Lot Area 1.0 acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Jones Hartness

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 4-21-98

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