34887

IREDELL COUNTY HEALTH DEPARTMENT

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

10 264

OWNER OR CONTRACTOR Marshall Cooksey DATE 11/1/89 PERMIT NO. 90-1627

PHONE: Business _____ Home _____

LOCATION 90/18 Mocksville / Millersburg on Left

_____ S. R. No. _____

SUBDIVISION NAME Sunnyside LOT NO. 2 SECTION OR BLOCK NO. _____

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

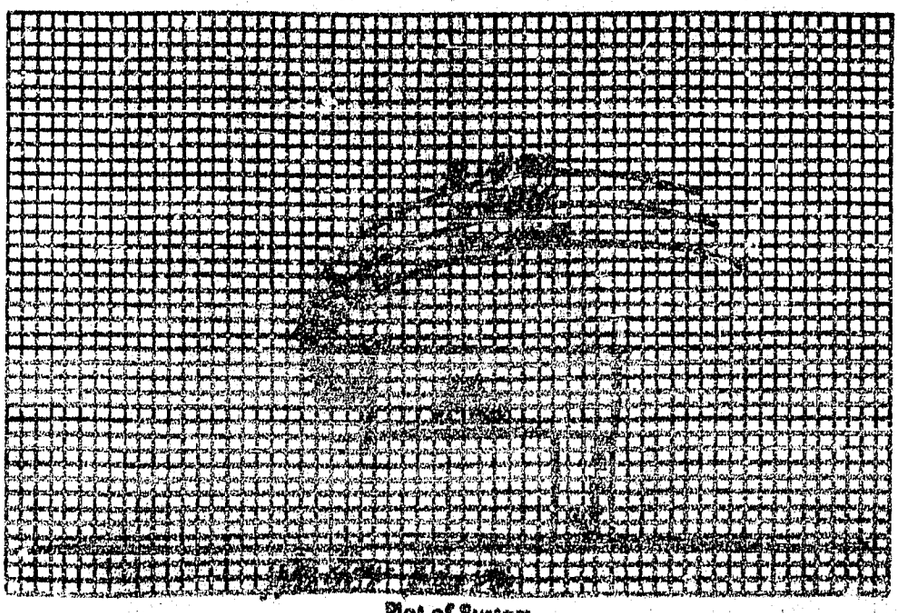
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area .795

Character & Porosity of Soil Red Sub Soil
Percolation Rate _____
Topography Rolling
Depth to Water Table Deep
Rock or other impervious formations Deep

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Lines By 100
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public (✓)

Installed by Mocksville

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

Signed: _____

IMPROVEMENTS PERMIT BY Dickens

COMMENTS: No garbage disposal

CERTIFICATE OF COMPLETION BY Dickens DATE 11/7/89

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