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 Rachel England Gayle DATE 4-29-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-15 N TR SR 1963 (Creekside) before 4th Creek TL into 1st drive - Dark Wide Mobile Home and 2 sheds

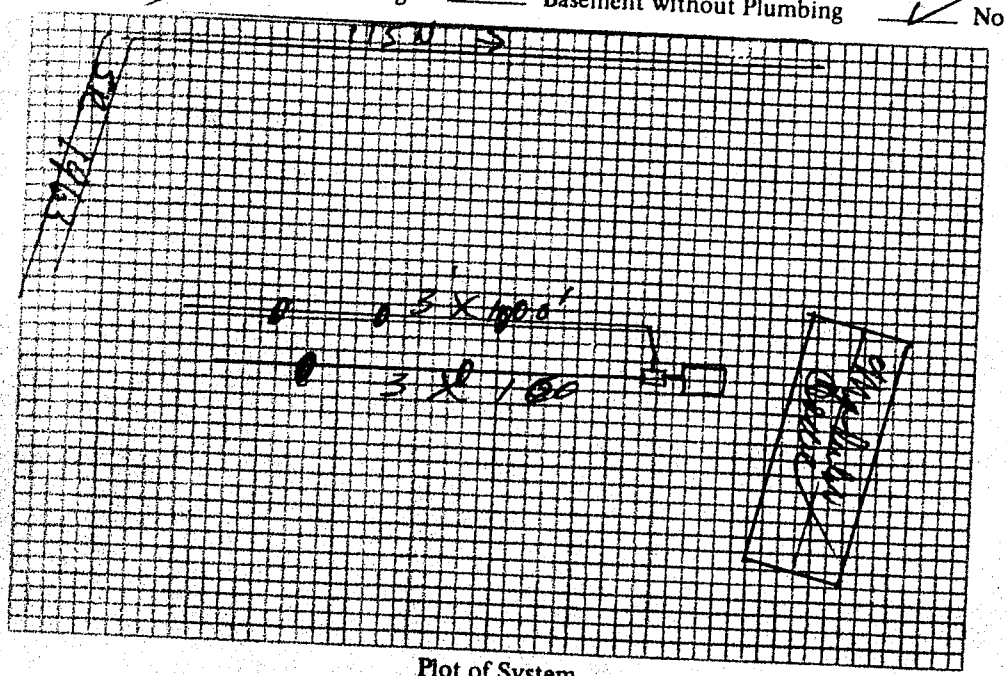
SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____	No. Bathrooms _____			Character & Porosity of Soil	Clay Loam Suitable
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	5 gal/sq ft appl.
Auto. Dishwasher	Yes (✓)	No ( )		Topography	6 - 12% slope
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	10'
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	None

Lot Area 30,000

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by R.C. Cockerham

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/29/83

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