02751

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 H B. Mills III DATE 7-31-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. TL on Scotts Chapel Rd TL on Ethel Lane
248 Ethel Lane S. R. No. _____

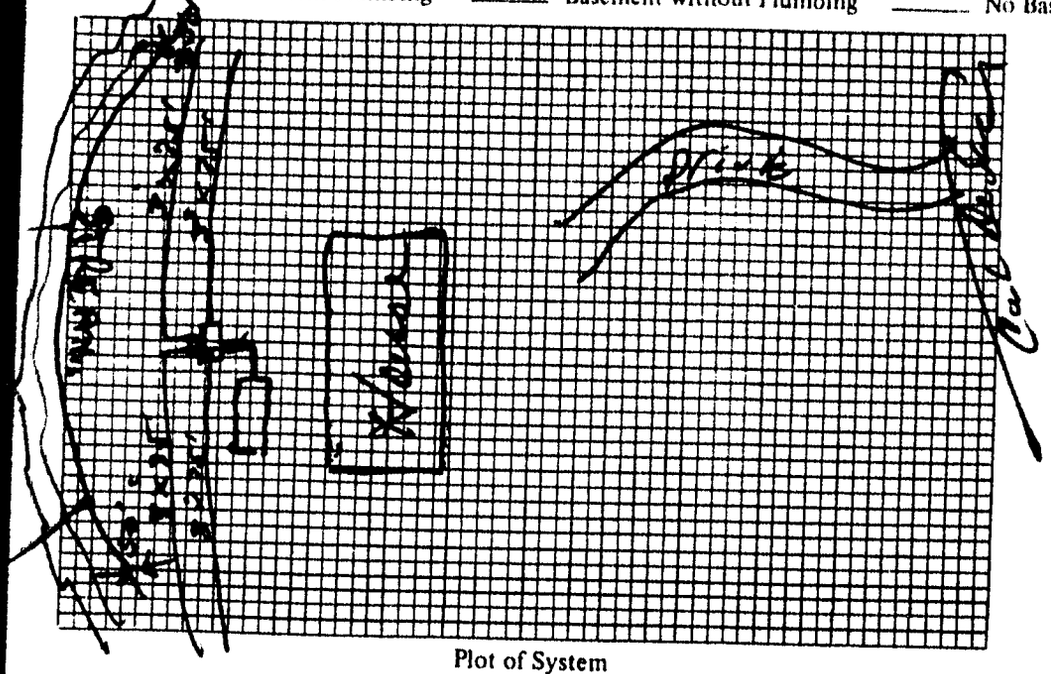
SUBDIVISION NAME Woodlose Park LOT NO. 21 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Below 60 min/in	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level to Rolling	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'	
Lot Area 1.05 Acres			Rock or other impervious formations	Unknown	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 18"
Water Supply: Individual ( )
Public (✓)

Installed by Eddie Jarrett Sons

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: House located on back of property – If problem occurs to ST. system – Pump should be installed and pumped to front of property

CERTIFICATE OF COMPLETION BY _____ DATE 7/28/86

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