05236
Steve Ingram

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 George Makaffey DATE 12-23-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N Turn South from Rt. T Turn Ethel Lane

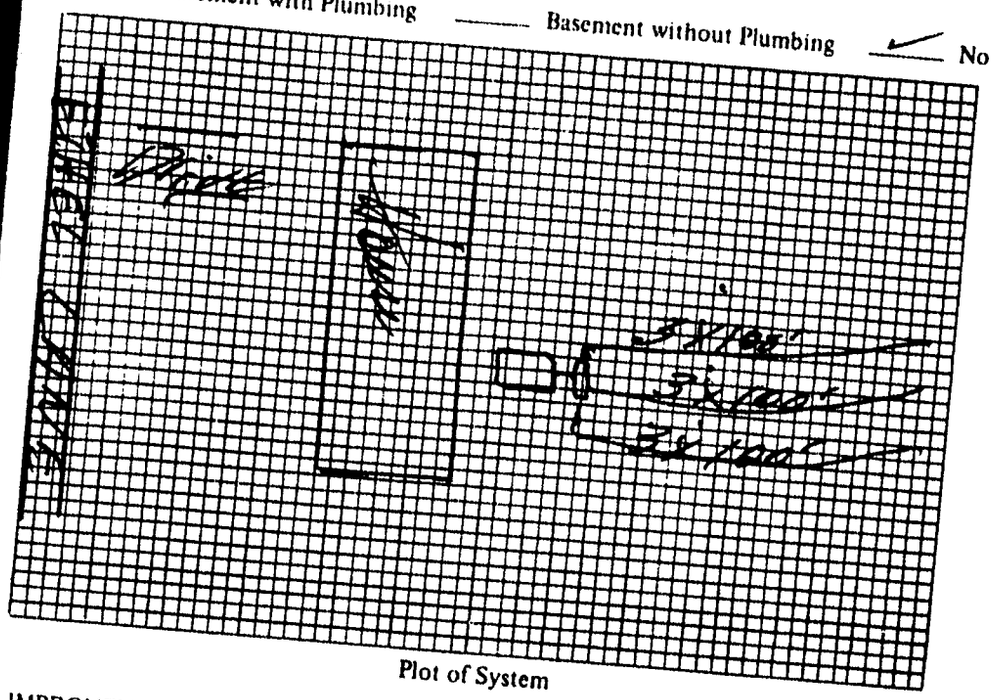
SUBDIVISION NAME Gilead Rose Park LOT NO. 8 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Sand. Sandstone
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 4 60 min per inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 ft fall
Site Suitable	Yes (✓)	No ( )	Depth to Water Table _____
Lot Area 100 X 220			Rock or other impervious formation Gilead Rock

_____ 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 Linear Ft. 300

Depth of Stone in Lines 18"

Water Supply: Individual (✓)

Public ( )

Installed by Jerry Shuler

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS Installation was to be no more than 36" deep. Contractor plumbing stub out too deep. S.T. System had to be installed deep.

CERTIFICATE OF COMPLETION BY Steve Toth (Josh Myers) Checked

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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