08763

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 SHIRLEY MARTIN DATE 5-19-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115N - T.R. on Wendy Hill Rd. - T.L. on Culpepper Rd - 1st house on left.

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

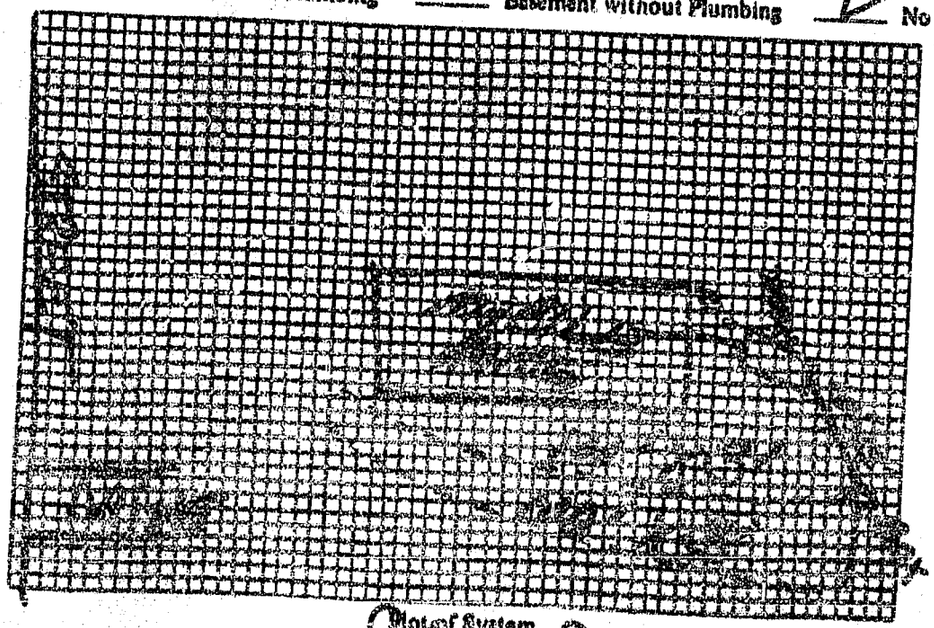
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Fair. Suitable.
Percolation Rate _____
Topography 2-6% Slope
Depth to Water Table 25+ ft
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft 200
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: Shirley Martin

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Edge of work area must be clearly defined prior to any grade work. Trench lines.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUS. 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