02348

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 Bobby Eades DATE 4-15-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N - TR on SR 1909 - Go .2 Mile Mobile Homes on left. S. R. No. _____

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

House ( ) Mobile Homes (✓) Business ( ) Other Campground for 2 Mobile Homes

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	Mod. Suitable
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	5 Minutes Gypsy
Auto. Dishwasher	Yes ( ) No (✓)	Topography	2-6%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	10'
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	Mica Schist

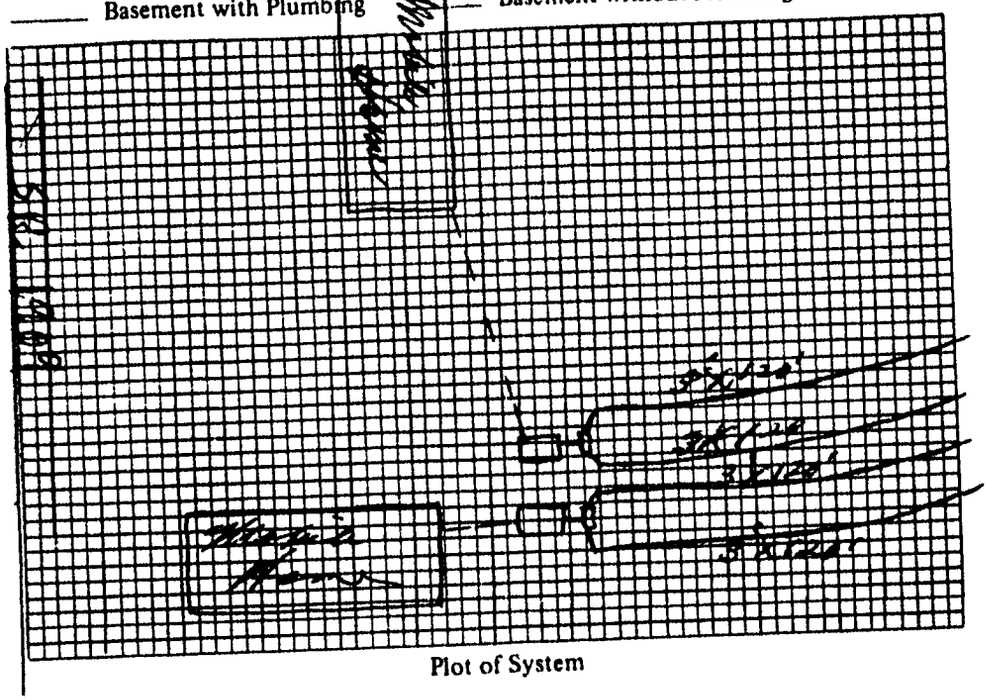
Lot Area _____ 2 Systems - Each

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by _____

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 4/15/81

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