B + J Knitting

10675.

36455

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 ROGER McLELLAND DATE 5-17-90 PERMIT NO 14E-P-61.

PHONE: Business _____ Home _____

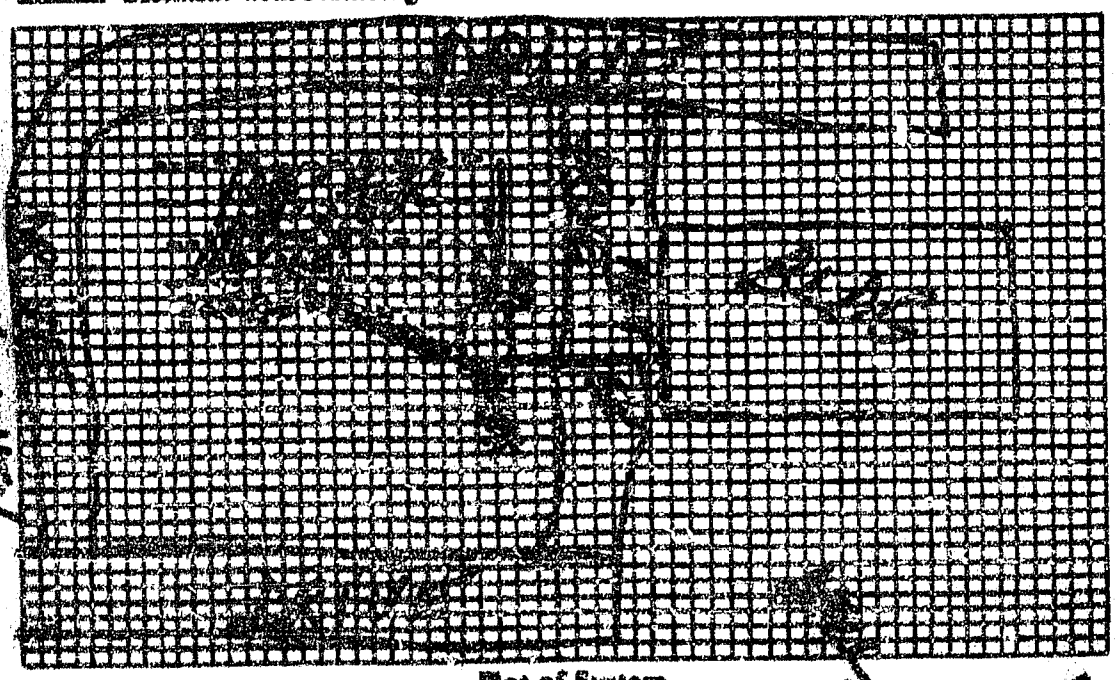
LOCATION Hwy 115 N on (2) just past Lowes Dairy Road. S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Employees - 2 stalls.

No. Bedrooms _____ No. Bathrooms 2 Character & Porosity of Soil Fragi. Suitable.
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 2 Log. Inj.
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6% Inj.
Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table 10+
Site Suitable Yes (✓) No ( ) Rock or other impervious formations not observed.
Lot Area Ample.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field: 4
No. of Lines
Sq. Ft. 1260 Linear Ft. 420
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by James Hudson

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

Signed: _____

IMPROVEMENTS PERMIT BY D. Weaver + Sanitarian

COMMENTS _____

CERTIFICATE OF COMPLETION BY Sanitarian DATE 5-17-90.

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