IREDELL COUNTY HEALTH DEPARTMENT

08911

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Martin DATE 6-6-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N past Snow Creek Dev on left S. R. No. _____

SUBDIVISION NAME Country Life Estates LOT NO. 8 & 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Adequate

Character & Porosity of Soil Red Sandy Loam

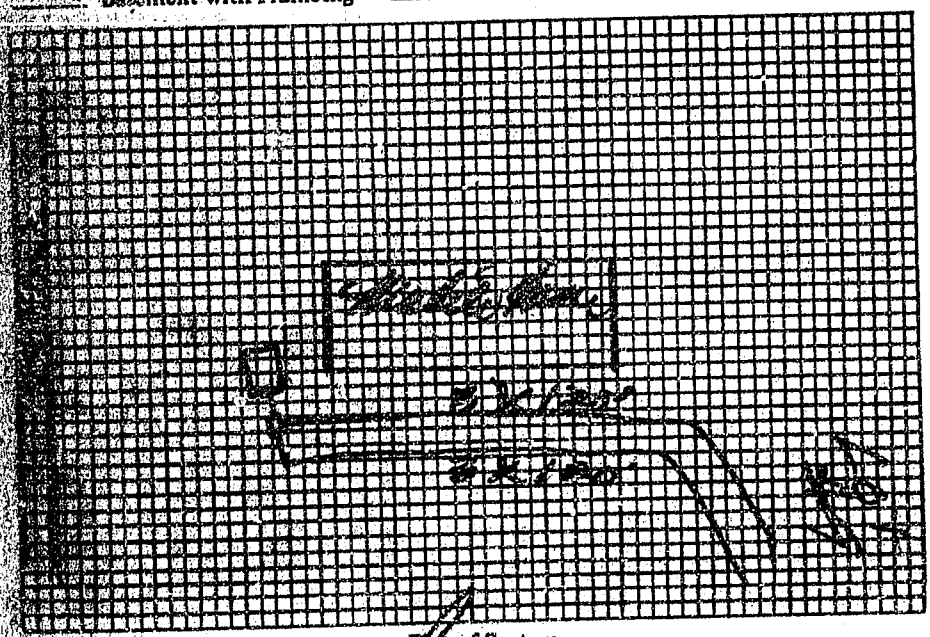
Percolation Rate 1 Gal per Hour

Topography 2 - 6% Slope

Depth to Water Table 60"

Rock or other impervious formations Soft Rock at 24"

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

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 A. I. Beckham

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

Signed: _____

IMPROVEMENTS PERMIT BY: [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY: [signature] DATE 6-6-88

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 securing Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold