08656

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 Jones Masters DATE 6/2/88 PERMIT NO.

PHONE: Business Home

LOCATION 115 N, Rt on Snow Creek, 2 1/2 mile to dirt on Lf, DH is ≈ 500' off road S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

Dwelling (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 2 No. Bathrooms 1

Sewage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clayey
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate 0-9 gpd/ft²
Auto. Wash. Machine	Yes ( )	No ( )	Topography 2-6 %
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'
			Rock or other impervious formations none noted

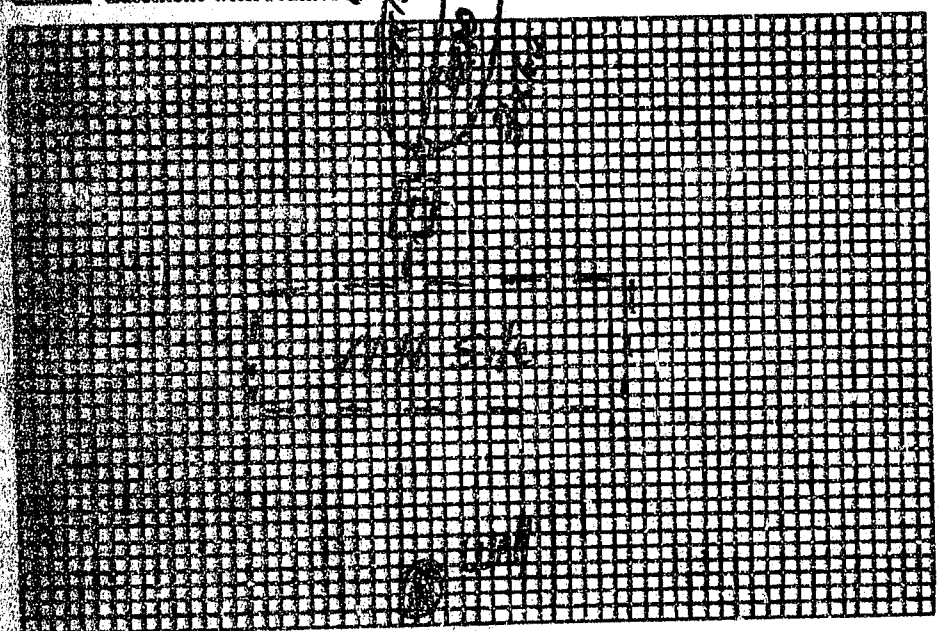
Lot Area

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by James Hartness

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

Signed:

IMPROVEMENTS PERMIT BY Coleman Fox Jr.

COMMENTS:

CERTIFICATE OF COMPLETION BY [signature] DATE 6/2/88

DRAINING 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