05445

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 Barry Mason DATE 11/25/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115N, Rt on Ford Farm, NH is ≈ 1 mile on Rt

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Prov Suitable

Percolation Rate 2.4 spd / ft2

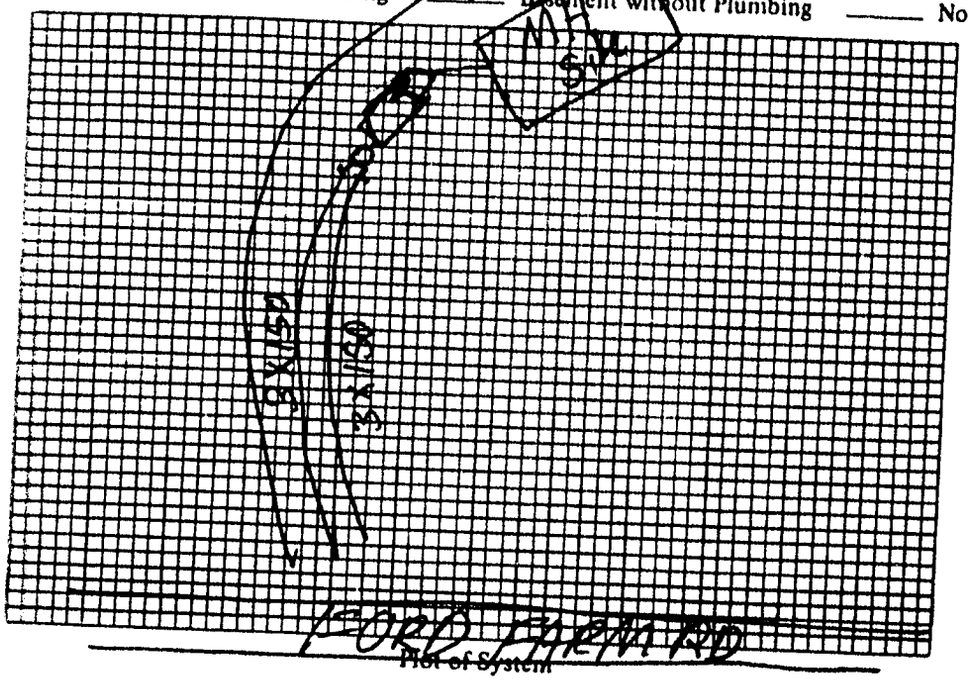
Topography 2-10%

Depth to Water Table 10+

Rock or other impervious formations Scattered Rock

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Self

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox, jr.

COMMENTS: System was installed very deep. Keep well 50' from tank & lines

CERTIFICATE OF COMPLETION BY Glenn Fox, jr. DATE 11/25/86

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