01863

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 LATHAN OSTWALT DATE 3-24-88. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. off Old Mtn. Rd. go to Hicks Creek Rd. - T.L. then Cross Creek - 3/4 mi. on Dat gate House back off rd. S. R. No. _____

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

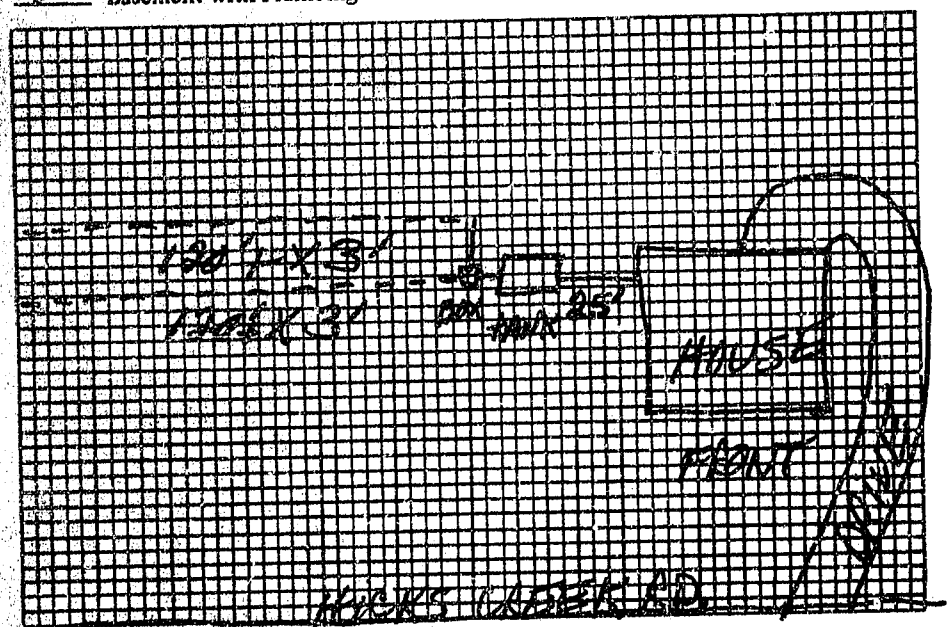
BASEMENT

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

No. Bedrooms 2	No. Bathrooms 1.5	Character & Porosity of Soil	Perc. Suitable.
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	5 min/1 in.
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	scattered rock.

Lot Area Acreage.

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720+ Linear Ft. 240+
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Lathan Ostwalt

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-24-88.

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 making Improvements Permit.

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