00881

# 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 CANKLIN DATE 2-22-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 south to Troutman, T.R. on Perth Rd., then T.R. at Pope's Egg Store, go just past Inglewood Sign, T.L. then bear right onto Avon St. - go all the way to end on (L). S. R. No. _____

SUBDIVISION NAME INGLEWOOD DEV. LOT NO. 647 SECTION OR BLOCK NO. _____

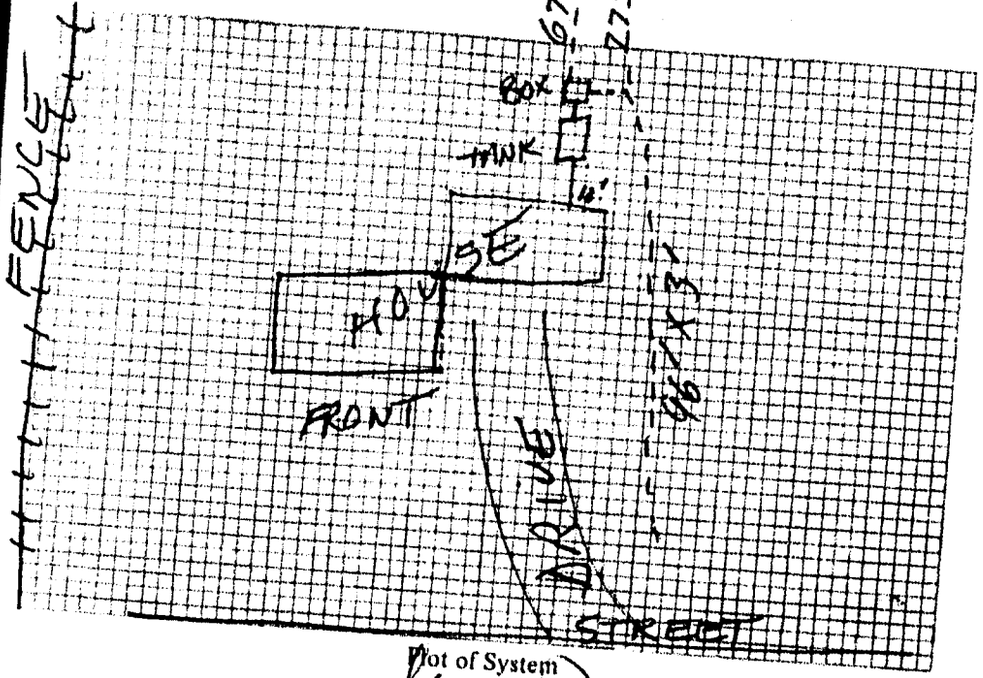
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | (4) |
| Auto. Dishwasher | Yes ( ) | No (✓) | (1) |
| Auto. Wash. Machine | Yes (✓) | No ( ) | (1) |
| Site Suitable | Yes (✓) | No ( ) | (3) |

Lot Area Ample

Character & Porosity of Soil Prev. Suitable
Percolation Rate 5 gal/sq. ft.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations none impervious




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Clifford Baker

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Divert surface water away from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-22-84

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