IREDELL COUNTY HEALTH DEPARTMENT

08804 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Norman Chastonay DATE 7 27 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N - TL on Old Wilkesboro Rd TR into Northmont TR Dawson Dr S. R. No. _____

SUBDIVISION NAME Northmont LOT NO. 62 SECTION OR BLOCK NO. _____

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

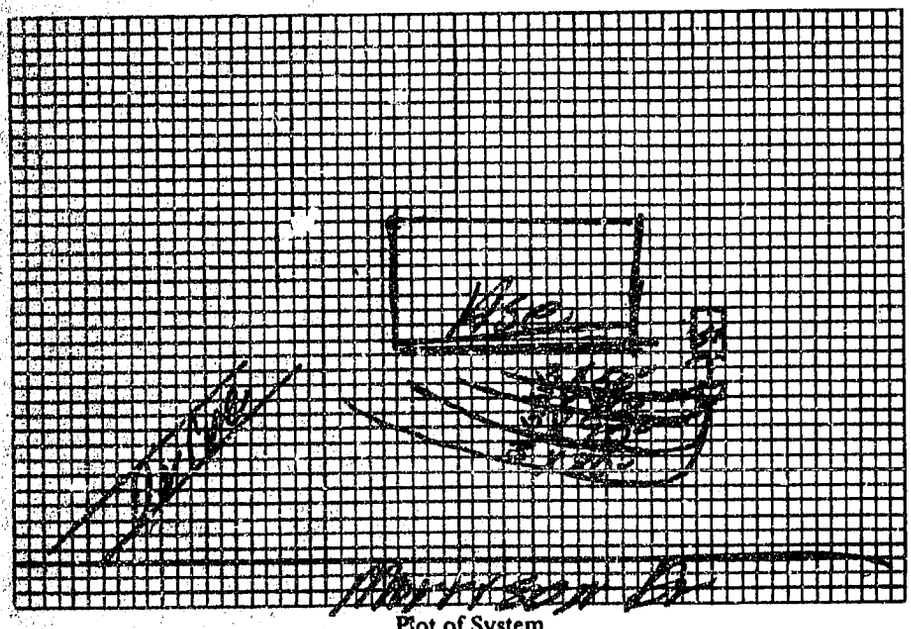
No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area Ample

Character & Porosity of Soil Fair Suitable
Percolation Rate 6
Topography Level to Rolling
Depth to Water Table 60+
Rock or other impervious formations Scattered Rock

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 600
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Sterling Chard

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox + D Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Weaver + Glenn Fox DATE 7 27 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