City

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 Johnny Stikeleather DATE 9-5-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Beverly Drive TR on Cameron Then TR on Macon 2nd house on Rt.

SUBDIVISION NAME Beverly Heights LOT NO. 139 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 110' X 170'

Character & Porosity of Soil C/Sayey

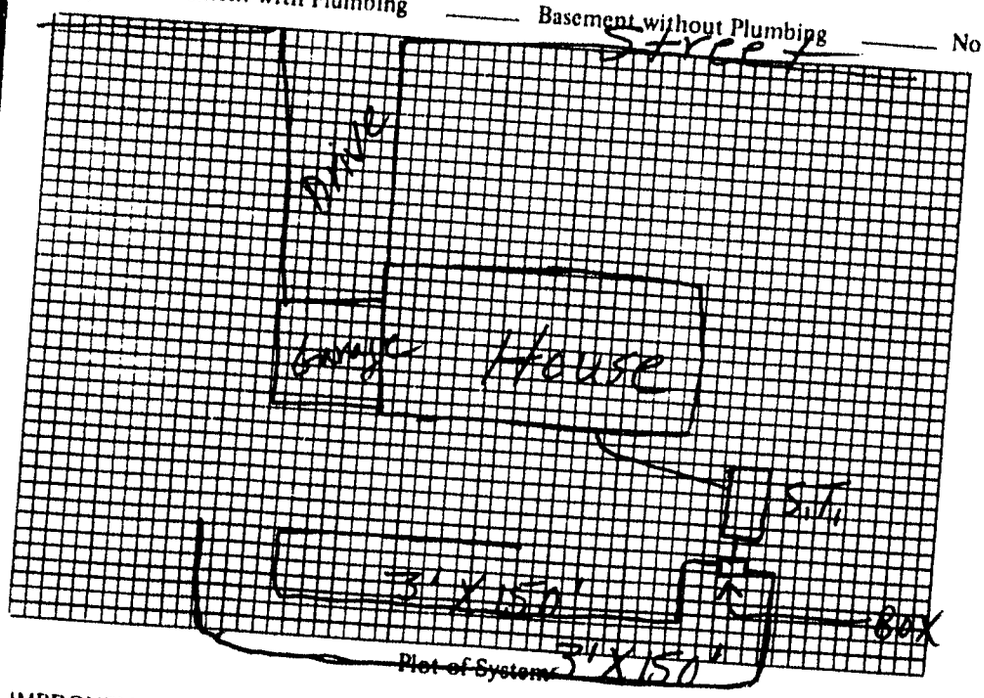
Percolation Rate 12 Sal 55 1/8 Clay

Topography 2 to 6 %

Depth to Water Table 10'+

Rock or other impervious formations None

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



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 400 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Wes Litton

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: R. C. Moore DATE 9-5-85

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