IREDELL COUNTY HEALTH DEPARTMENT

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

670
OWNER OR CONTRACTOR Don McIntyre DATE 2/15/88 PERMIT NO. BID

PHONE: Business _____ Home _____

LOCATION 115N To Cloer MHP on Right

(21)
_____ S. E. No. _____

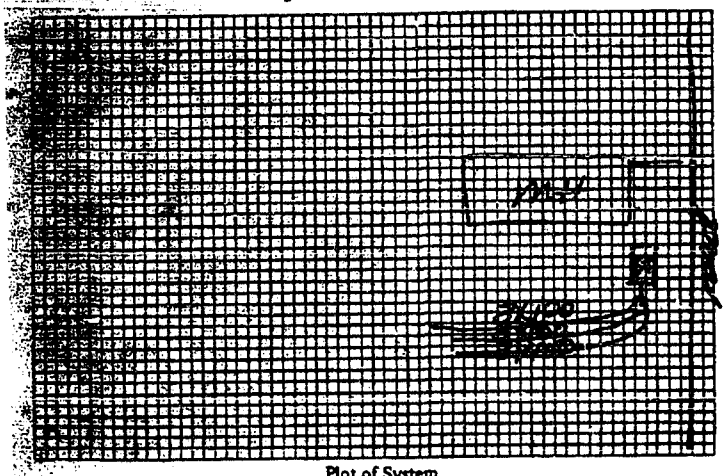
SUBDIVISION NAME _____ LOT NO. 22 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Soil Suitable Yes (✓) No ( )
Lot Area ≈18000

Character & Porosity of Soil prev suitable
Percolation Rate 4
Topography Fairly
Depth to Water Table 10+
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Al Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY D Weaver + Glenn Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Dweaver DATE 2/15/88

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

JAN. 2, 1989 8:38