IREDELL COUNTY HEALTH DEPARTMENT

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

8670
OWNER OR CONTRACTOR Don McIntyre DATE 8 25 88 PERMIT NO. 810

PHONE: Business _____ Home _____

LOCATION 115 N TR Cloer Rd MHP

S. R. No. _____

SUBDIVISION NAME UNRE Trailer park LOT NO. 35 SECTION OR BLOCK NO. _____

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

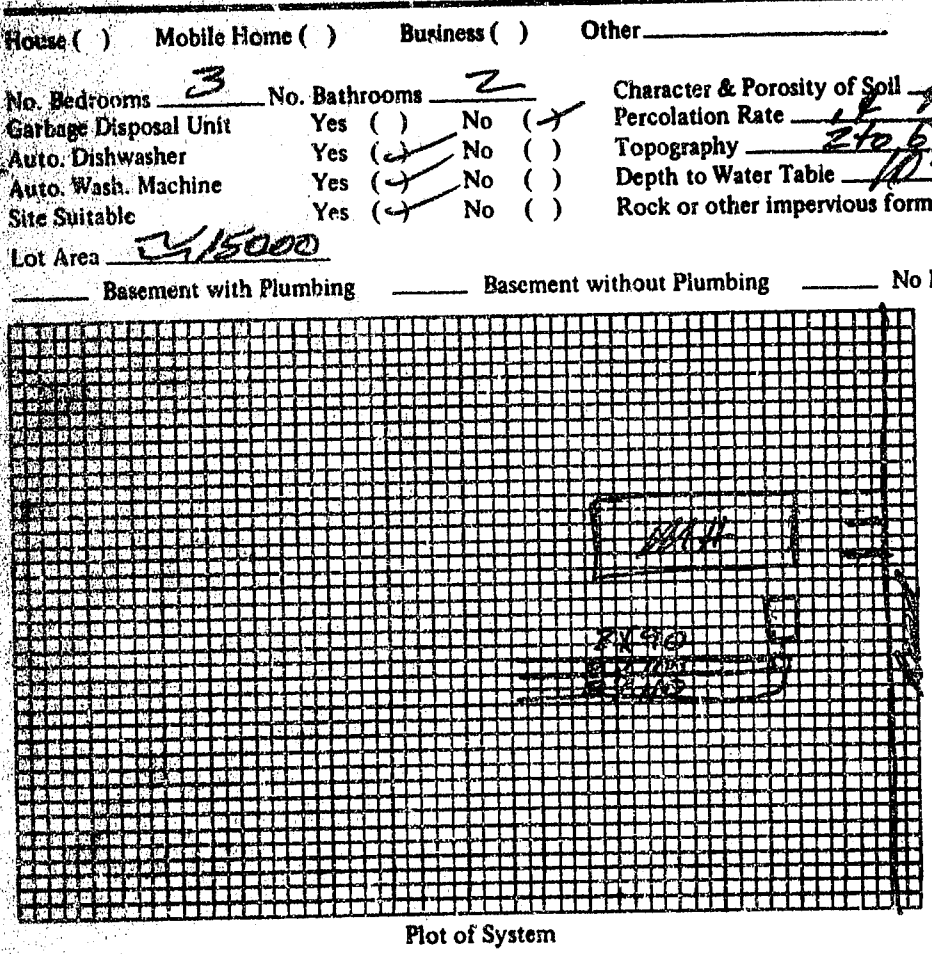
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 15000

Character & Porosity of Soil grav suitable
Percolation Rate 4
Topography 2 to 6%
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. 900 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 + Glen Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Weaver DATE 8 26 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