# 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 8/18/88 PERMIT NO. B 10

PHONE: Business _____ Home _____

LOCATION 115N TR Clover Rd MHP on right

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 30 SECTION OR BLOCK NO. _____

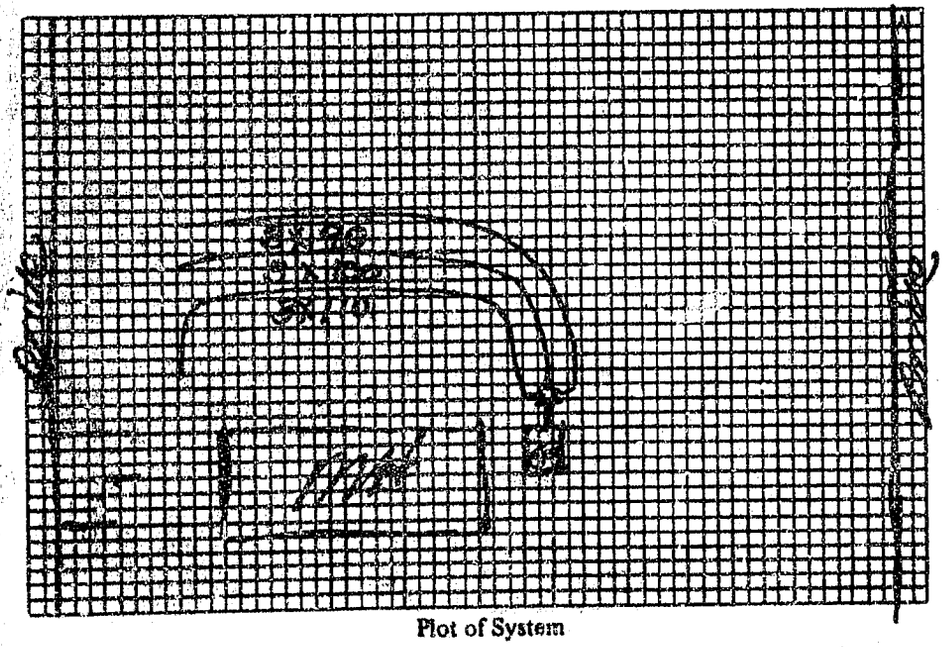
House ( ) Mobile Home (✓) Business ( ) Other. _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | prov Suitable | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 2 to 6" | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10'+ | |
| | | | Rock or other impervious formations | None | |

Lot Area ± 15000

_____ 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 A1 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 D Weaver + D C Moore DATE 8/18/88

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