01583

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 William B. Mann DATE 6-11-84 PERMIT NO. _____

PHONE: Business _____ Home _____

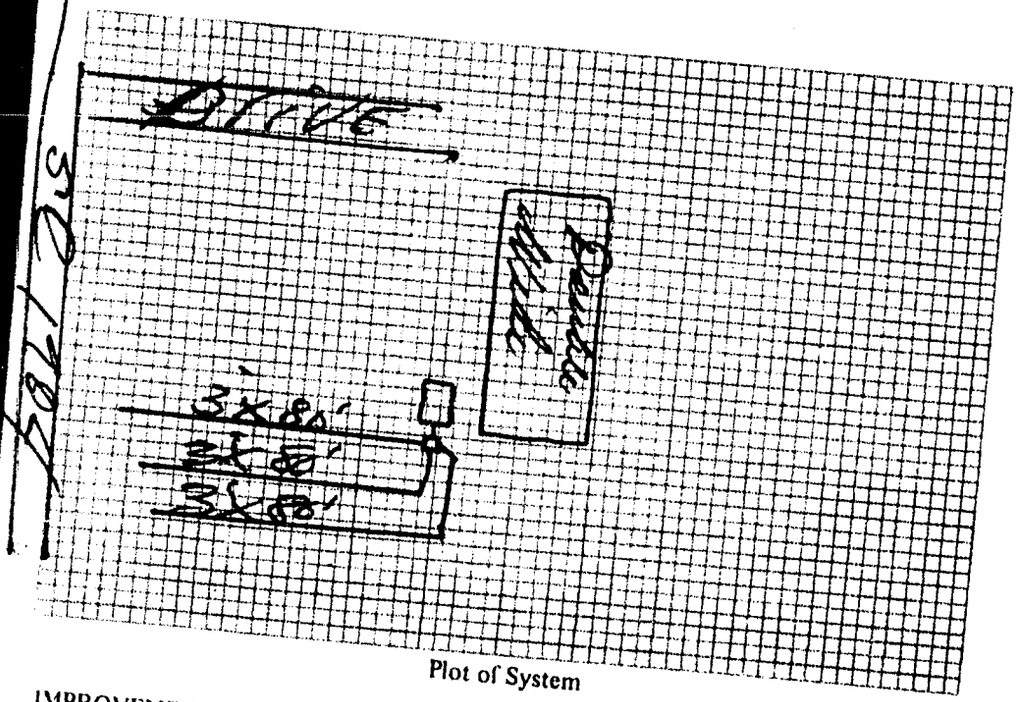
LOCATION 115 N - TR on SR 1904 (Snow Creek Rd) Double wide Mobile Home on left before entrance to Snow Creek SUB. No. 1904

SUBDIVISION NAME (1) Double Wide LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Loyd. Pmv. Sandstone
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 5 Topography Fairly steep.
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table 2-6 to Stone.
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations 60"
Lot Area 2.85 Acres			



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Allen Shepherd

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 6/21/84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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