IREDELL COUNTY HEALTH DEPARTMENT

14027

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

OWNER OR CONTRACTOR JOSEPH F. GOODIN DATE 4/10/92 PERMIT NO. PT 13F-A-1

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR S. CHIPLEY FORD ROAD, TL SNOW CREEK ROAD, TR N. CHIPLEY ROAD, TR BESS ROAD, ON (L) JUST BEFORE TIKE/OAK ROAD S. R. No. _____

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

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

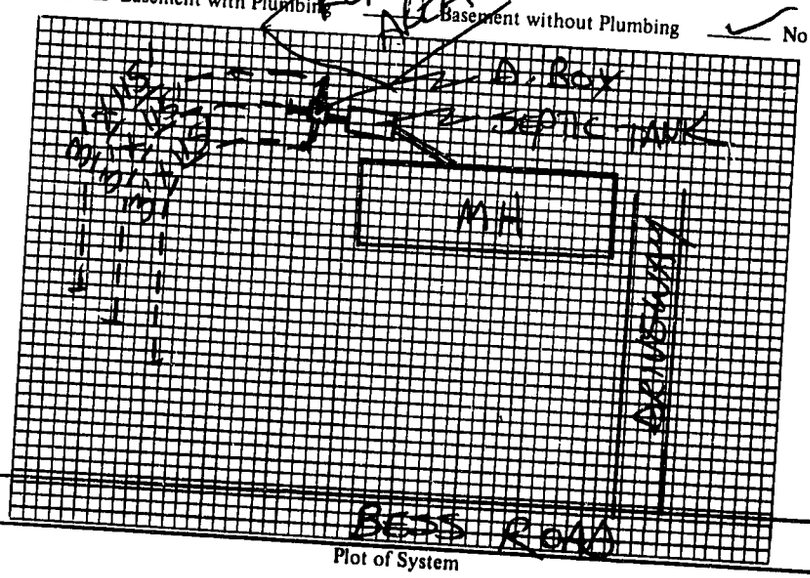
No. Bedrooms 3 * No. Bathrooms 2

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

Lot Area ~1.25 AC

Character & Porosity of Soil PS
Percolation Rate .35 GPA / FT²
Topography 2-4% LS
Depth to Water Table >4'
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. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by JOHN MENSCER

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: ① * REVISED FROM 4 BR TO 3 BR MH. ② MH NOT ON SITE AT TIME OF INSPECTION. KEEP MH MINIMUM 5' FROM SYSTEM. ③ REPAIR AREA IS 100% CONVENTIONAL GRAVITY FED ④ KEEP WELL 100' FROM SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

IVEY OAK ROAD