9964

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

DATE 5-26-87 PERMIT NO. A-11

OWNER OR CONTRACTOR Homer Cox

PHONE: Business _____ Home _____

LOCATION Dixon Rd Turn Mason Dixon Rd Turn 1st Lt 2nd house on Rt.

S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

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

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil C Loggy

Percolation Rate 4

Topography 2 to 8%

Depth to Water Table 10'

Rock or other impervious formations None

Lot Area 1.91 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

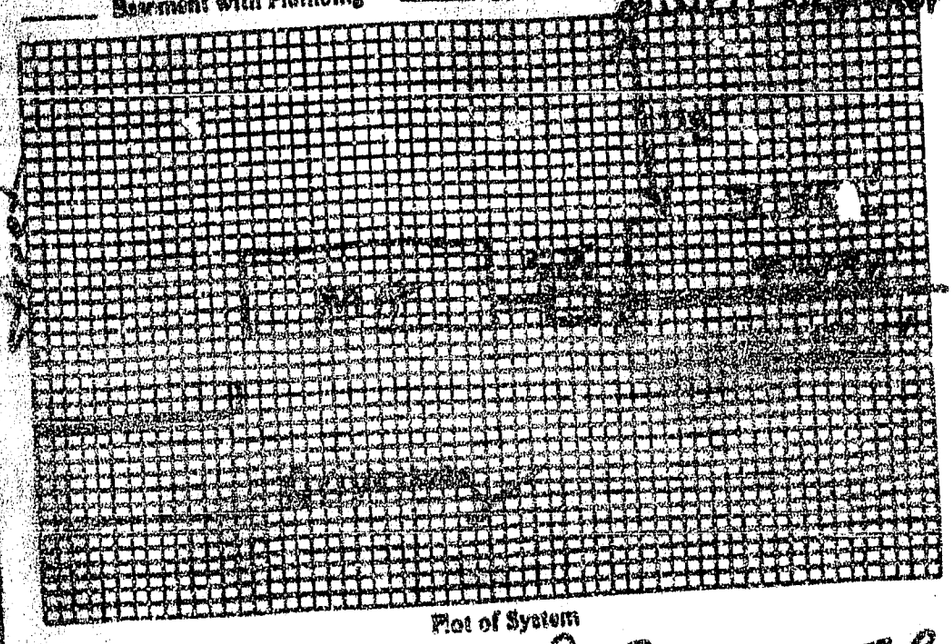
No. of Lines 3

Sq. Ft. 630 Lineal Ft. 210

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)



Plot of System

Installed by James Hulker

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 5-31-87

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