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 John Lowrance DATE 01-21-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1705 Polly Drive

S. R. No. _____

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

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

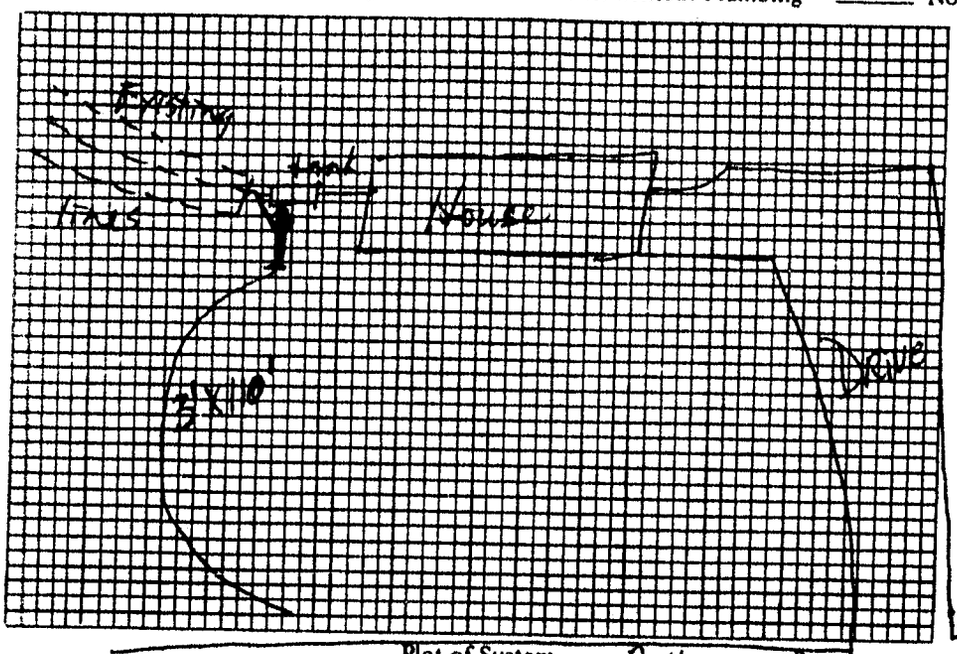
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Clayey
Percolation Rate 0.4 gal/ft²/day
Topography 2-6% slope
Depth to Water Table 10'+
Rock or other impervious formations None

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System Polly Drive

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 330 Linear Ft. 110
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Ken Chaffin

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Did not install washer box and additional 125' of line as indicated on improvements permit. Tied new line into old line near the tank - did not set new tee and tie into tank. OWNER DID NOT WANT WASHER SYSTEM AT THIS TIME

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 01-21-86

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