10600 35539

# 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 Rick Sapp DATE 11-22-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 422 Victoria Dr.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

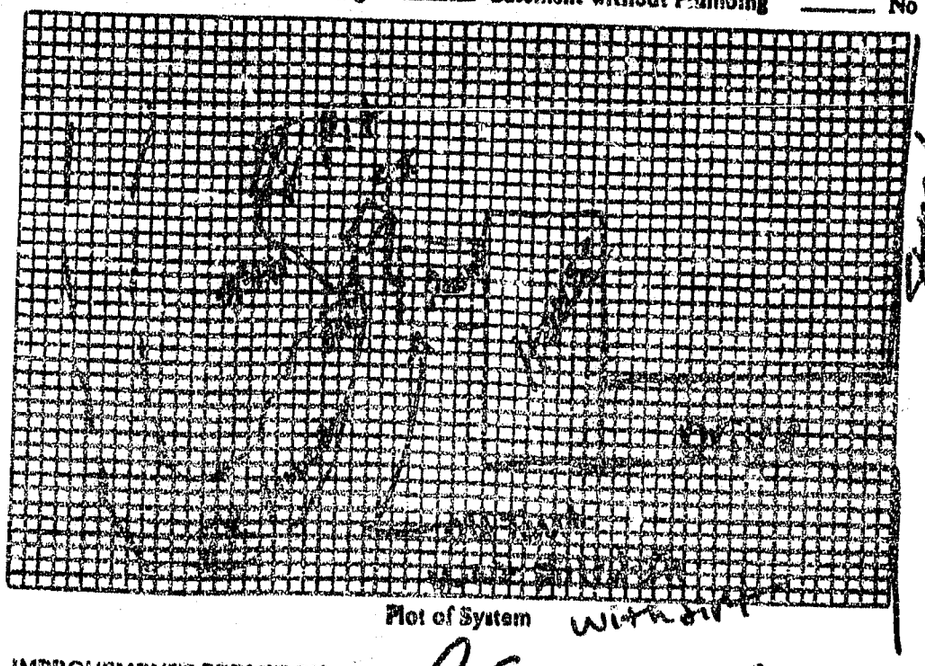
House ( ✓ ) Mobile Home ( ) Business ( ) Other Adding Room + Relocating

No. Bedrooms _____ No. Bathrooms _____

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | Character & Porosity of Soil | Clayey |
| Auto. Dishwasher | Yes ( ) | No ( ) | Percolation Rate | 42 |
| Auto. Wash. Machine | Yes ( ) | No ( ) | Topography | Slight Fall |
| Site Suitable | Yes ( ) | No ( ) | Depth to Water Table | 10'+ |
| | | | Rock or other impervious formations | None |

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System Without

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 120 Linear Ft. 40
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

+ 16 Ton Pit

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Sanders

COMMENTS: Lay out was offset due to location of underground utilities lines

CERTIFICATE OF COMPLETION BY P. C. Sanders DATE 11-22-89

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