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 Parkers Garage DATE 9-20-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N on R before North wints shopping center on R S. R. No. _____

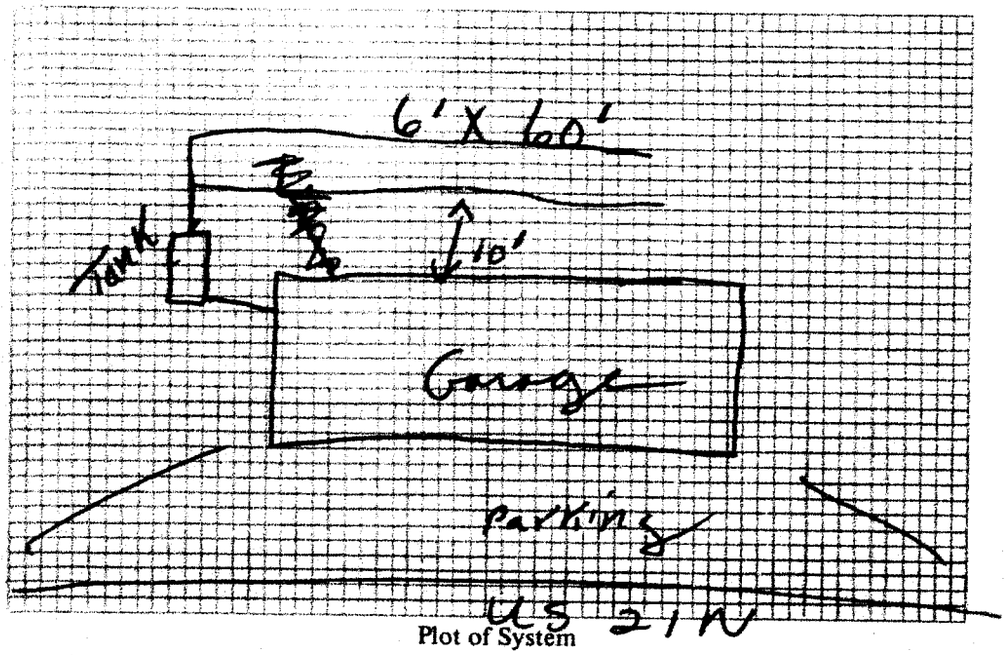
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other 2 Employee Garage

No. ~~Bedrooms~~ _____ No. Bathrooms 1
Garbage Disposal Unit ~~Yes ( )~~ No ( )
Auto. Dishwasher ~~Yes ( )~~ ~~No ( )~~
Auto. Wash. Machine ~~Yes ( )~~ ~~No ( )~~
Site Suitable Yes (✓) No ( )
Lot Area 1/2 acre

Character & Porosity of Soil Sandy Parent material
Percolation Rate < .75
Topography 2 to 6 %
Depth to Water Table 10' +
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 2
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Harry Reep

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 9-20-82
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