D7908

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 Donald Faulk DATE 6-20-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Statesville Dr. TR in front of Bryan Rd
Route 5 Box 11 on Rt and of Rd. S. R. No. _____

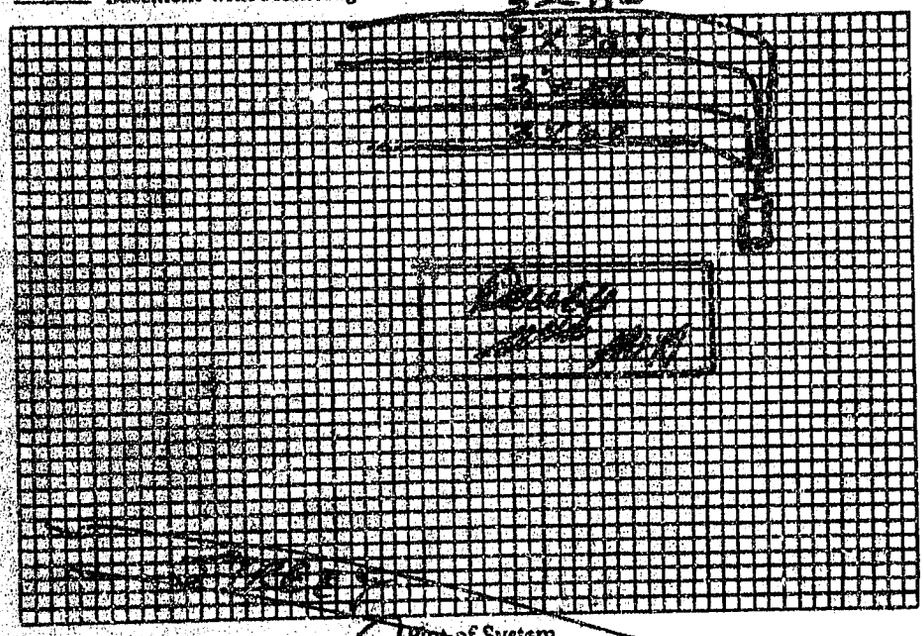
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	.4
Auto. Dishwasher	Yes (✓)	No ( )		Topography	2-6%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	20+
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	None

Lot Area 205 x 258

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Donald Faulk

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Thore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 9-6-88

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