03165

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 Johnny Mennett DATE 7-12-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N - TL on SR 1892 TL on TR 1896 - Go Approx ½ mile TR New Street 1st Mobile Home on left S. R. No. _____

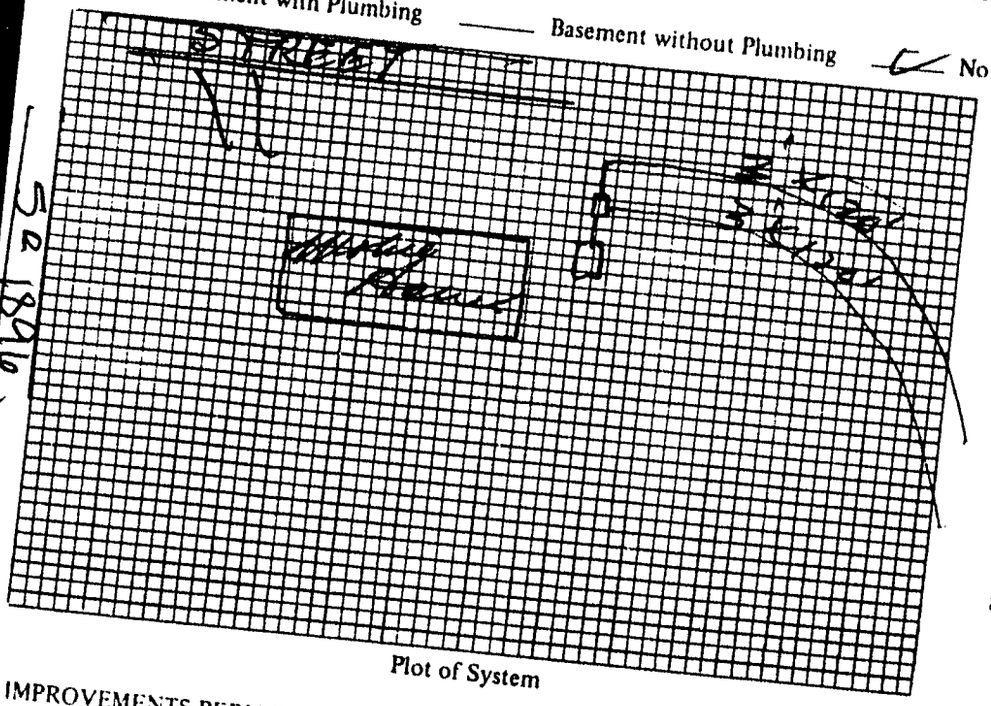
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Red Cutlaw
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 2 Min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Slope to apple.
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 6 Feet
Lot Area 1 1/2 Acres			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. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Jackie Lackey

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

Signed: _____

SP 1896

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 7/12/85

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