9065

# 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 J.C. McDaniel DATE 10/12/85 PERMIT NO. C-15

PHONE: Business _____ Home _____

LOCATION 25 Lf on Ostwalt Ansley, Cross I-77, Lf on Emmanuel, At end on Rt S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other 2 mobile homes

No. Bedrooms 5 Total No. Bathrooms 2 Baths Total

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil clay loam

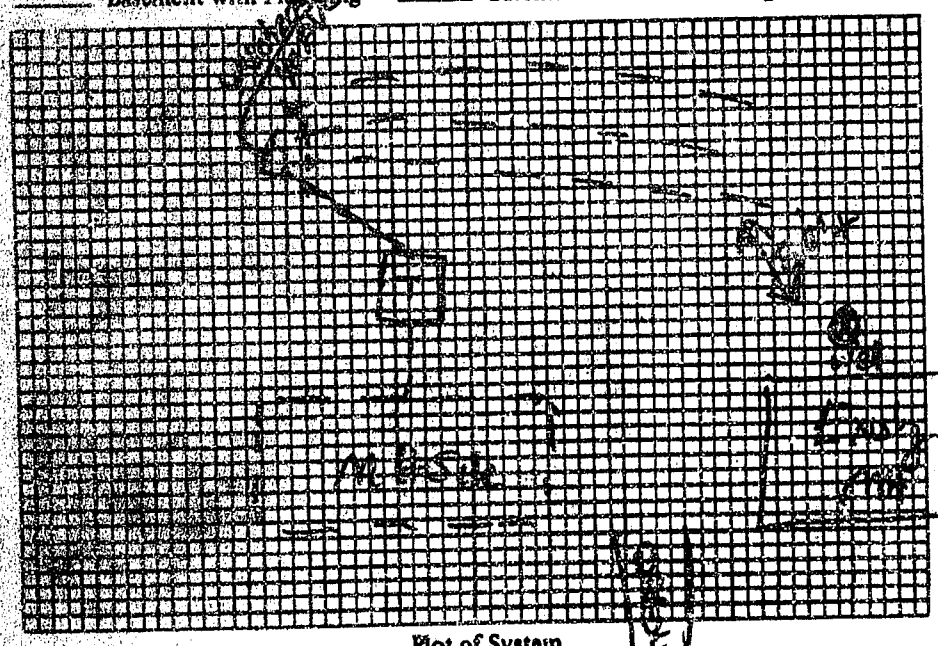
Percolation Rate 0.4

Topography 2-6% Ff

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 2400 Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 570 Linear Ft. 190'
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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 _____ DATE 10/12/85

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