05754

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 Dennis Buxton DATE 8-14-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Suburban Acres II End of Sigmon Dr.

SUBDIVISION NAME Suburban Acres II LOT NO. 14 SECTION OR BLOCK NO. _____ S. R. No. _____

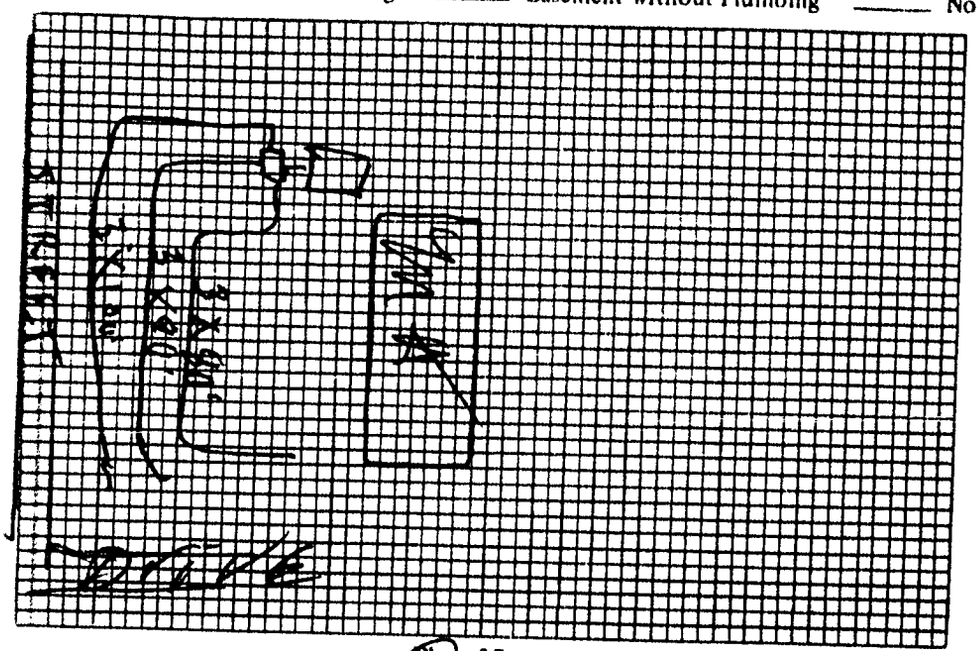
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6 %
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

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 210 Linear Ft. 170
Depth of Stone in Lines 15"

Water Supply: Individual ( )
Public (✓)

Installed by Kenneth Griffin

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Mann

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Inf Co. DATE 8/14/86

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