9932 39276

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 5M-5-A-15
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Hayden Hamby DATE 7-2-91 PERMIT NO. B-15

PHONE: Business _____ Home _____

LOCATION 70E on Rt Aster Shiloh Ch Rd

S. R. No. _____

SUBDIVISION NAME Beaver Farm LOT NO. 15 SECTION OR BLOCK NO. _____

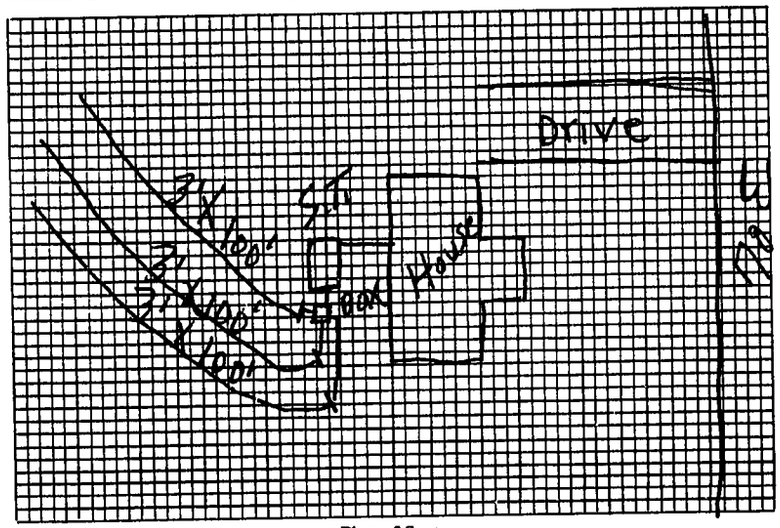
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	14	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2+0627	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	none	

Lot Area 100' X 200'

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by A-1 Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 7-2-91

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