10849

IREDELL COUNTY HEALTH DEPARTMENT

36014

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

OWNER OR CONTRACTOR James Donnie Gleaspy DATE 5-1-92 PERMIT NO. 5M5-A-44

PHONE: Business _____ Home _____

LOCATION Corner Beaverbrook + Cedar Rd

S. R. No. _____

SUBDIVISION NAME Beaver Fms LOT NO. 44 SECTION OR BLOCK NO. _____

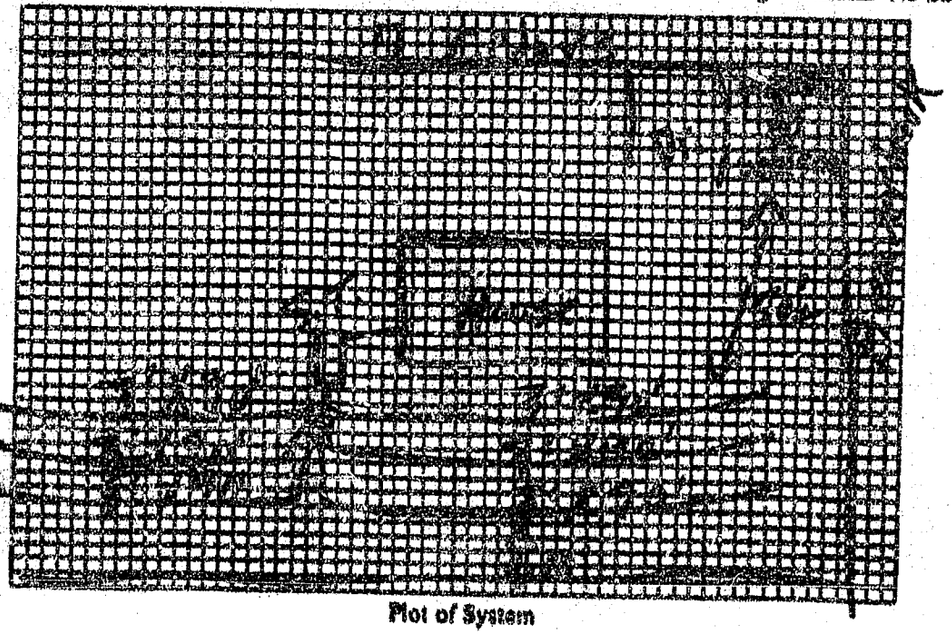
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Colluvial	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level to Gentle	
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 1250 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 16 x 20 Linear Ft. 540
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Williams Contractor

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 5-1-92

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