I

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 Stephen C. Jenkins DATE 3-5-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Ranta Dr.

S. R. No. _____

SUBDIVISION NAME Dal Wasa Heights LOT NO. 117 SECTION OR BLOCK NO. II

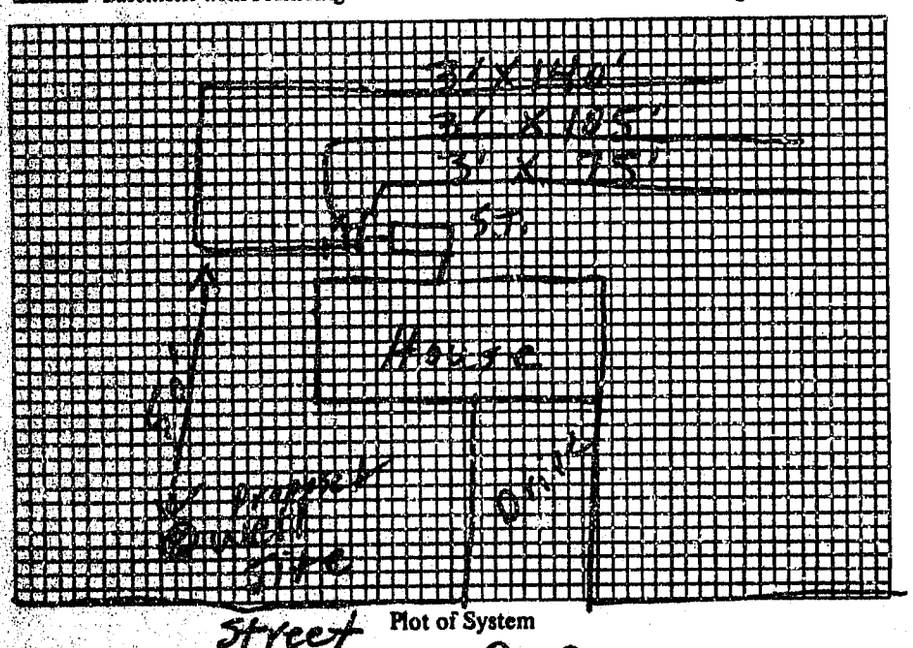
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Sloping
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10' +
			Rock or other impervious formations	none

Lot Area 12,000 Sq'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by James Hudler

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 J. C. moore DATE 3-5-87

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