## IREDELL COUNTY HEALTH DEPARTMENT

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

City 31712

OWNER OR CONTRACTOR Bear Buildins DATE 6 1989 PERMIT NO. 011

PHONE: Business _____ Home _____

LOCATION 207 Montgomery _____ S. R. No. _____

SUBDIVISION NAME Mitchell air LOT NO. 47 SECTION OR BLOCK NO. _____

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

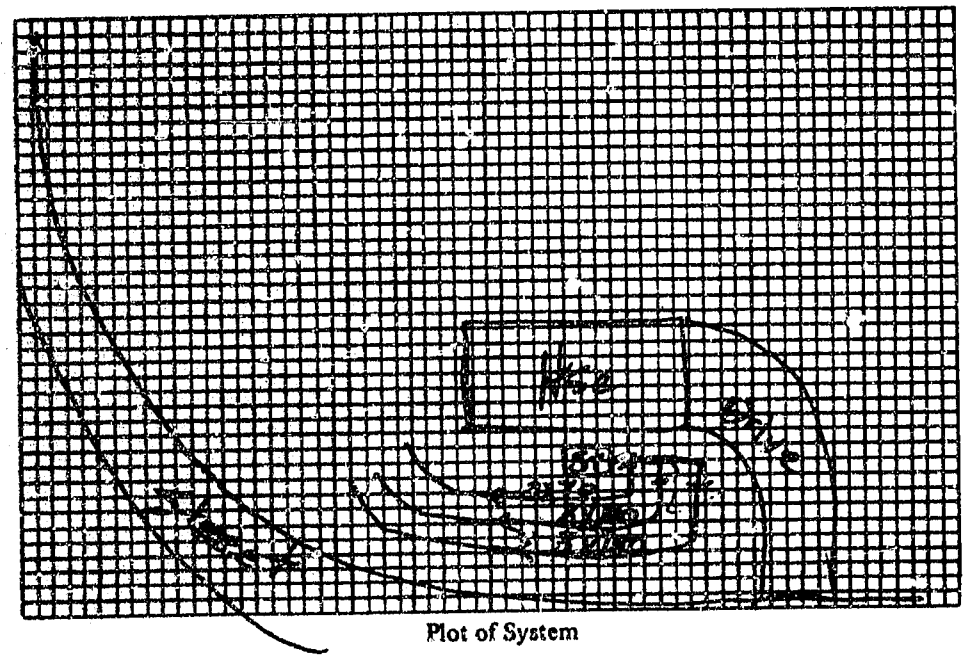
No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ✓ ) No ( )
Auto. Dishwasher Yes ( ✓ ) No ( )
Auto. Wash. Machine Yes ( ✓ ) No ( )
Site Suitable Yes ( ✓ ) No ( )

Lot Area 15000+

Character & Porosity of Soil Clayey
Percolation Rate 2 to 4
Topography Flat
Depth to Water Table 10 ft.
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public ( ✓ )

Installed by David Yountz

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

Signed: _____

IMPROVEMENTS PERMIT BY J E Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Weaver DATE 6 8 89

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