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 Max Teague DATE 6-1-89 PERMIT NO. D-11

PHONE: Business ______ Home ______

LOCATION Florence Rd

S. R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

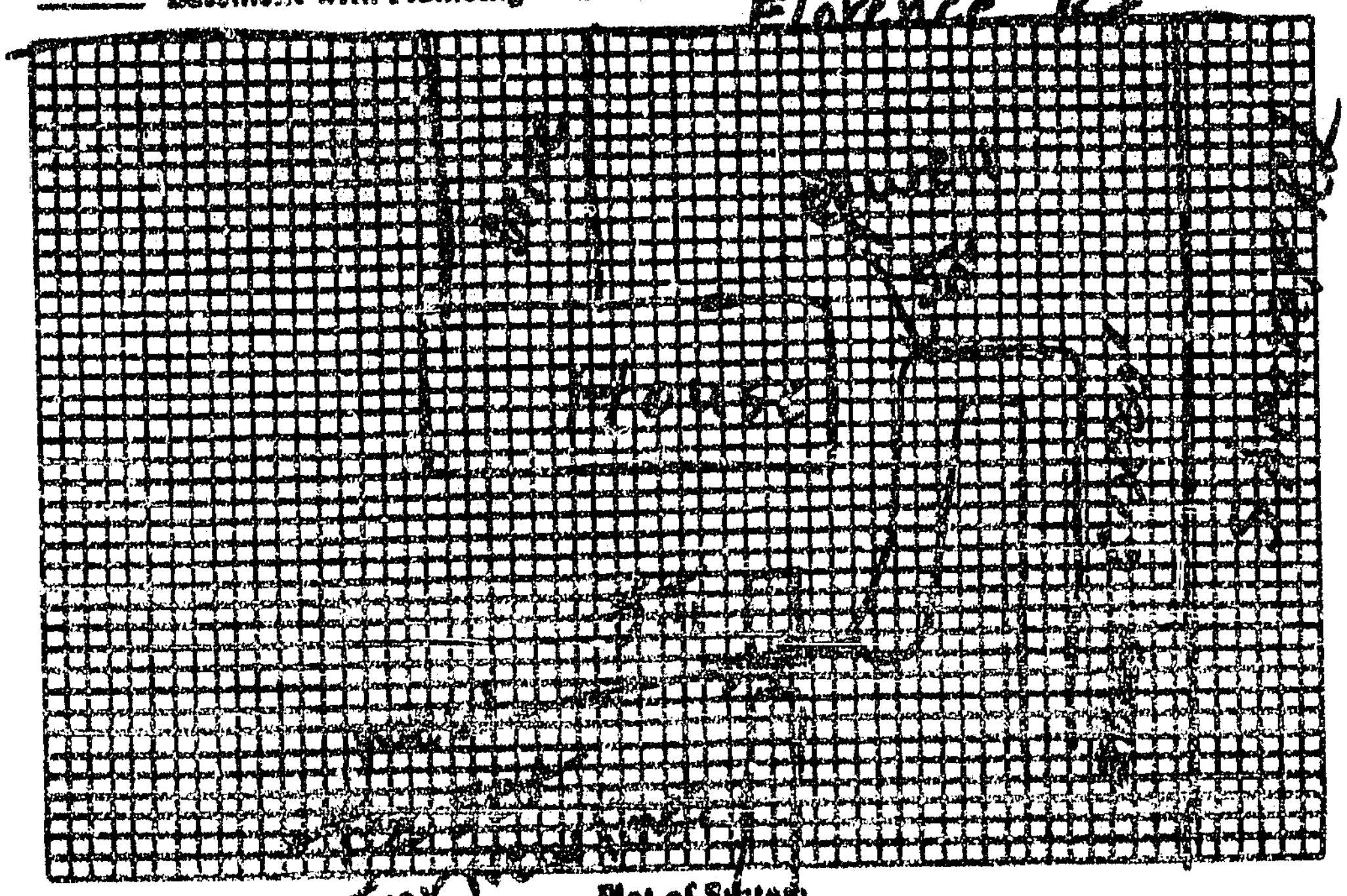
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms ______ No. Bathrooms ______
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Clayey
Percolation Rate .4
Topography 2% to 6%
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 Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: ______

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: ______

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 6-1-89

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