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# 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 Unitex Associates DATE 12-19-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mocksville Rd To after I-40 Then TR On Crawford Rd Then 1st Rd To Rt 1st lot on Rt. S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Manufacturing Textiles 15 Employees

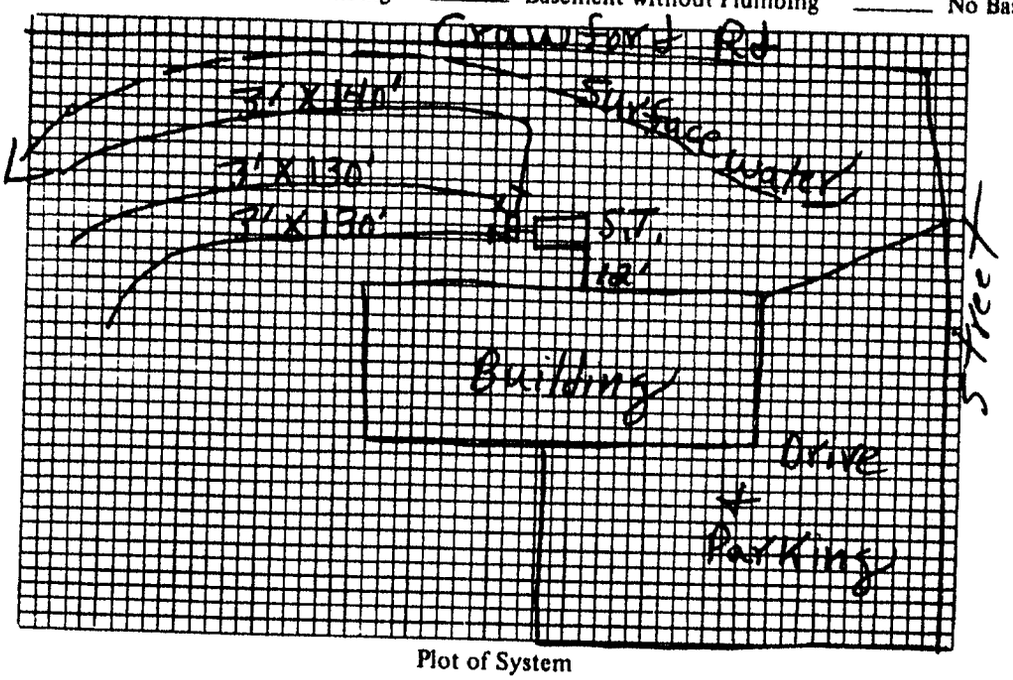
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Clay
Percolation Rate 1 3 sat/15 sat
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines _____
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 L. C. Moore

COMMENTS: Surface water should be diverted around Septic Tank System as shown on plot.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-19-84

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