City of Statesville.

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 G E M [redacted] Enterprizes DATE 1-2-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Crawford Rd Business Park lot 1-A

_____ S. R. No. _____

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

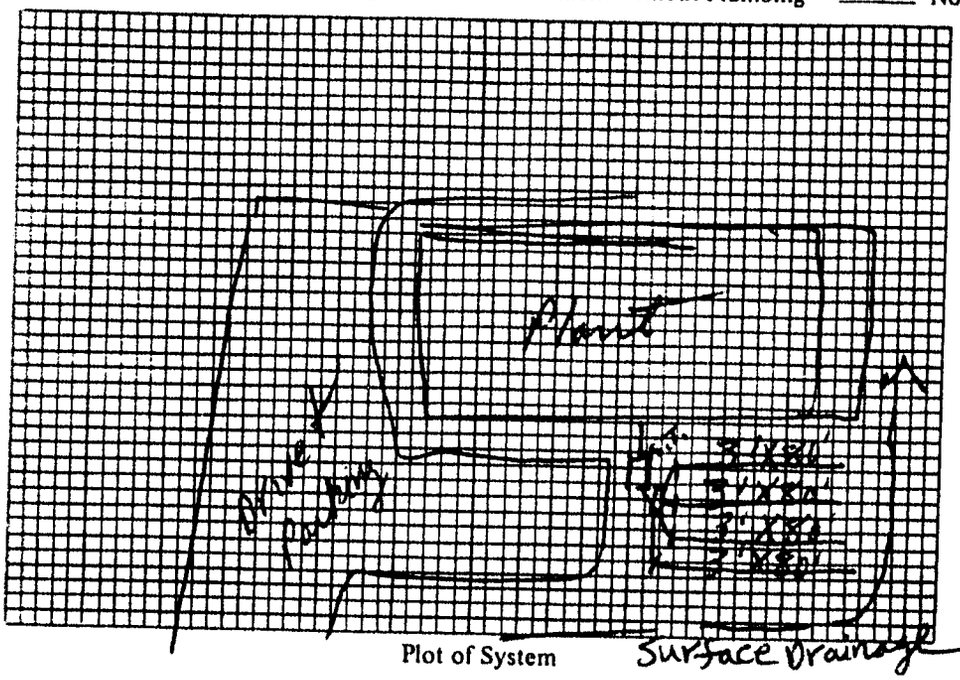
House ( ) Mobile Home ( ) Business ( ) Other Manufacturing Plant 15 Employees

No. Bedrooms _____ No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area 2.33 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Surface Drainage

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: [redacted] Owner

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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