02337

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 W.C. James DATE 4-28-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Finn Rock Dr.

SUBDIVISION NAME Mellie Green LOT NO. 32-33 S. R. No. _____ SECTION OR BLOCK NO. _____

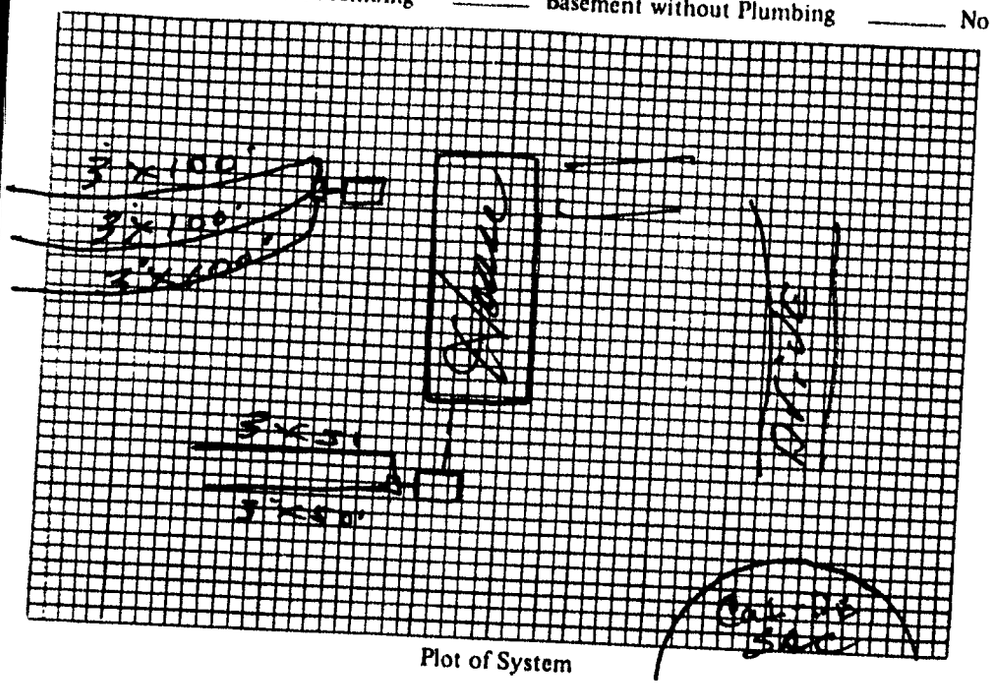
House (✓) Mobile Home ( ) Business ( ) Other _____

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 2 Acres

Character & Porosity of Soil Clayey
Percolation Rate 4 gpd sq ft upper 2 - 60 min lower
Topography _____
Depth to Water Table 48"
Rock or other impervious formations Saprolite at 36"

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 800 Lower / 250 Upper Gals.
Nitrification Field: 3 - Upper 2 - Lower
No. of Lines
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual ( ) Public (✓)

Installed by Donald Seeley

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd

EXISTING SYSTEM CHECKED BY: _____ DATE 4/28/86

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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