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 Dwight Austin DATE 03-25-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1101 Dellinger DR. (corner of Donna Lane)

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

Repair

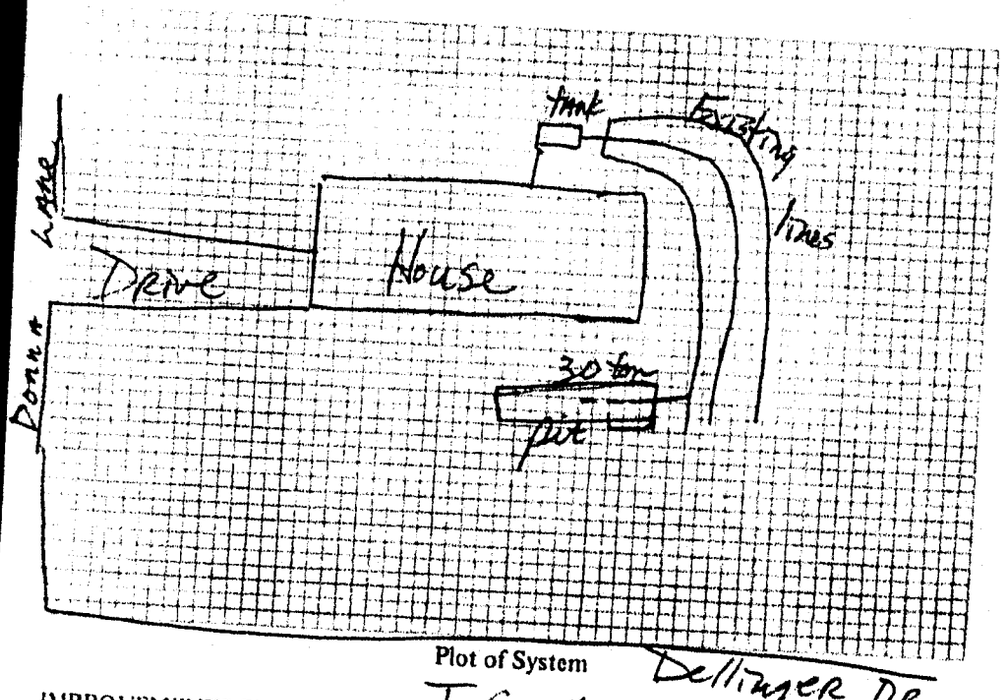
Character & Porosity of Soil Clayey

Percolation Rate 0-4 gal/ft²/day

Topography 2-6% Slope

Depth to Water Table 10'+

Rock or other impervious formations none



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)

30 ton pit

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Tied into existing line and installed 30 ton pit
Changed from original Log out (01-15-86) approved by J.C Moore
no washer box and drain line installed

CERTIFICATE OF COMPLETION BY Jerry L Fuller DATE 03-25-86

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

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold