200

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 Sherrill Faw DATE 6-28-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jane Sowers Rd TR on East Dellinger Dr. Then TL follow to end lot on left. S. R. No. _____

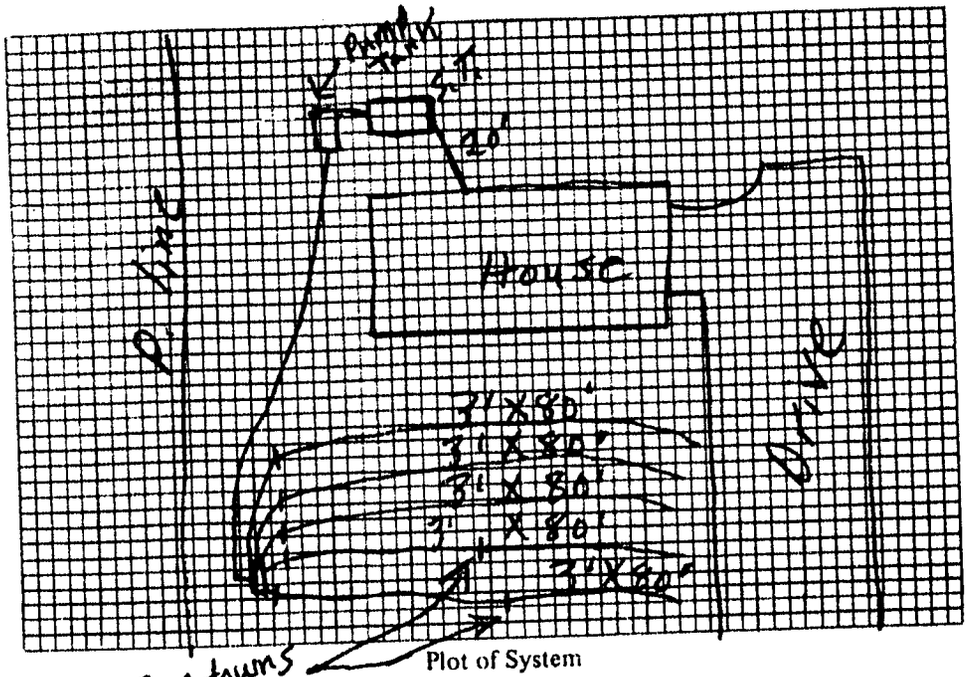
SUBDIVISION NAME Meadowview LOT NO. 18+19 SECTION OR BLOCK NO. IV

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3 sol/sq/10 days
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2+6 to 10
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	8' to water table
			Rock or other impervious formations	Drainage matting 24"

Lot Area 1 acre +



Plot of System

Size of Tank 1000 gal S.T. ~~800 gal~~ Pump Tank Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Jack Strout

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J. C. Moore 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