12464

# 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 Tharpe Co Inc DATE 2-28-91 PERMIT NO. 11E-A-192

PHONE: Business 872 5231 Home ____

LOCATION 64 E TL on old mocksville Rd Past Davis Hospital 1/4 mi on left. S. R. No. ____

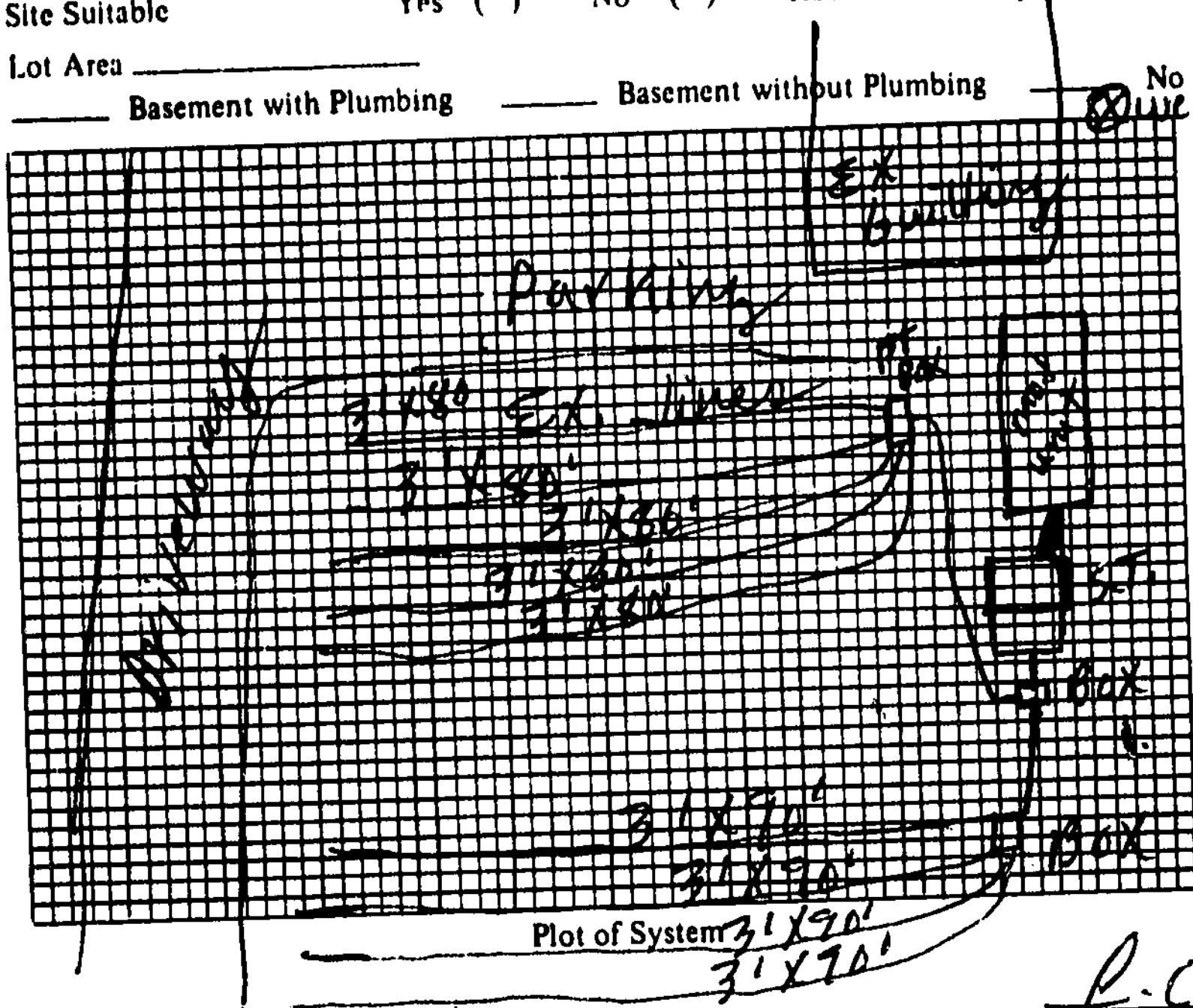
SUBDIVISION NAME ____ LOT NO. ____ SECTION OR BLOCK NO. ____

House ( ) Mobile Home ( ) Business (✓) Other Expanding to 36 Employees adding mod. unit.

| | | | |
|---|---|---|---|
| No. Bedrooms ____ | No. Bathrooms ____ | | |
| Garbage Disposal Unit | Yes ( ) | No ( ) | Character & Porosity of Soil: Clay |
| Auto. Dishwasher | Yes ( ) | No ( ) | Percolation Rate: 14 |
| Auto. Wash. Machine | Yes ( ) | No ( ) | Topography: 2to6% |
| Site Suitable | Yes ( ) | No ( ) | Depth to Water Table: 10'+ |
| | | | Rock or other impervious formations: none |

Lot Area ____

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement




Plot of System

Size of Tank 1500 Gals.

NEW Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by J.C. Forysth

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

Signed: ____

old 1250 S.T. was Filled In would be under mod unit.

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: Total old + New lines 760 linear'

CERTIFICATE OF COMPLETION BY J.C. Moore DATE 2-28-91

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