05062

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 Karen millsaps DATE 9-26-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E TL on old mocksville Rd 3/4 mi TL on Private St 200' back off Rd

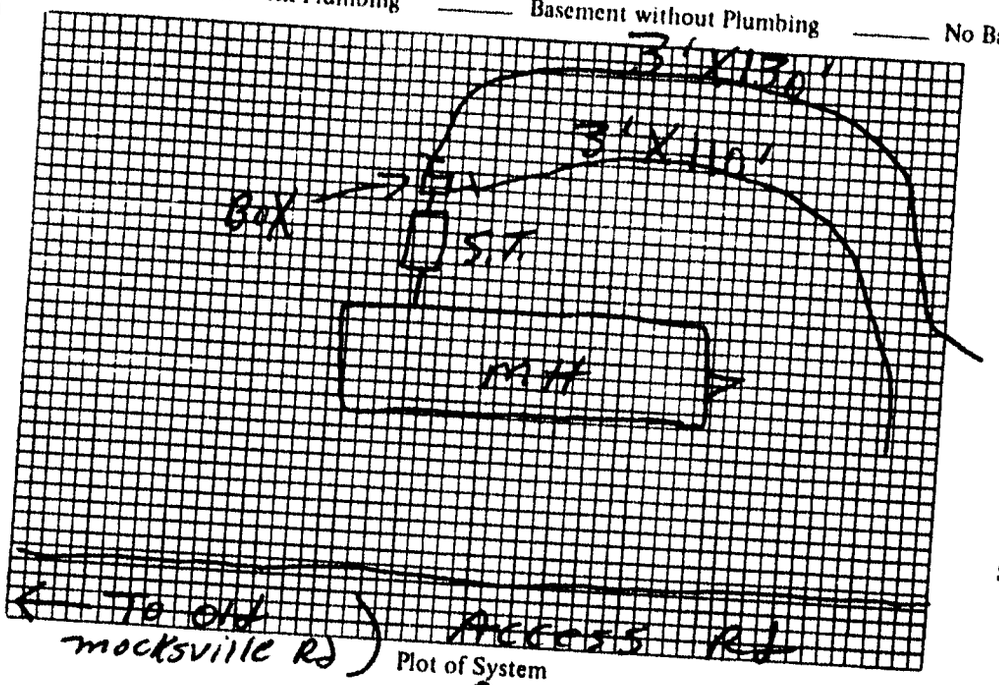
SUBDIVISION NAME Doris millsaps Property LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clayey
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate .35 gal/sq. ft/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 to 6 %
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+
Lot Area 20,000 sq'			Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Chaffin

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. moore

EXISTING SYSTEM CHECKED BY: _____ DATE 9-26-86

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