8437

IREDELL COUNTY HEALTH DEPARTMENT

D-11

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Dale Sloan DATE 2-2-89 PERMIT NO. [redacted]

PHONE: Business _____ Home _____

LOCATION Old Mocksville Rd on Rt before white Fox Rd S. R. No. _____

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

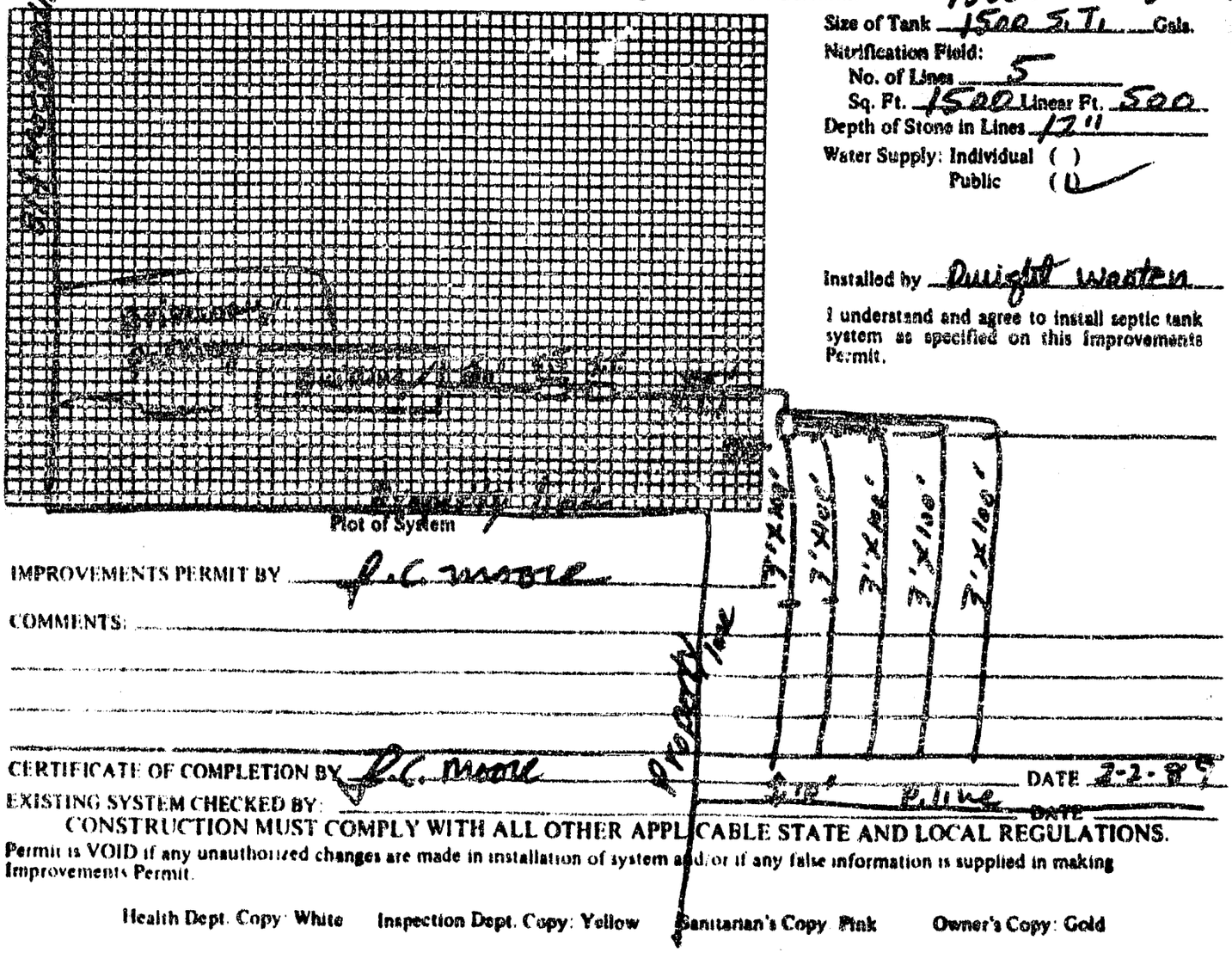
House ( ) Mobile Home ( ) Business ( ) Other: 14 Boarding Kennels Projected water use 600 gal/day

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil clayey
Percolation Rate 45
Topography 2+6%
Depth to Water Table 10ft
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1500 Settling Tank
Size of Tank 1500 S.T. Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1500 Linear Ft. 500
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by Dwight Weston

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

IMPROVEMENTS PERMIT BY R.C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R.C. Moore DATE 2-2-89

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