10569

35758
37302

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 Paso Frazier DATE 7-31-90 PERMIT NO 10H 1-A-30

PHONE: Business _____ Home _____

LOCATION 21N TO Dunlap Gate Rd 2nd st TL 700' on left. S. R. No. _____

SUBDIVISION NAME Dunlap Gate LOT NO. 30 SECTION OR BLOCK NO. _____

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

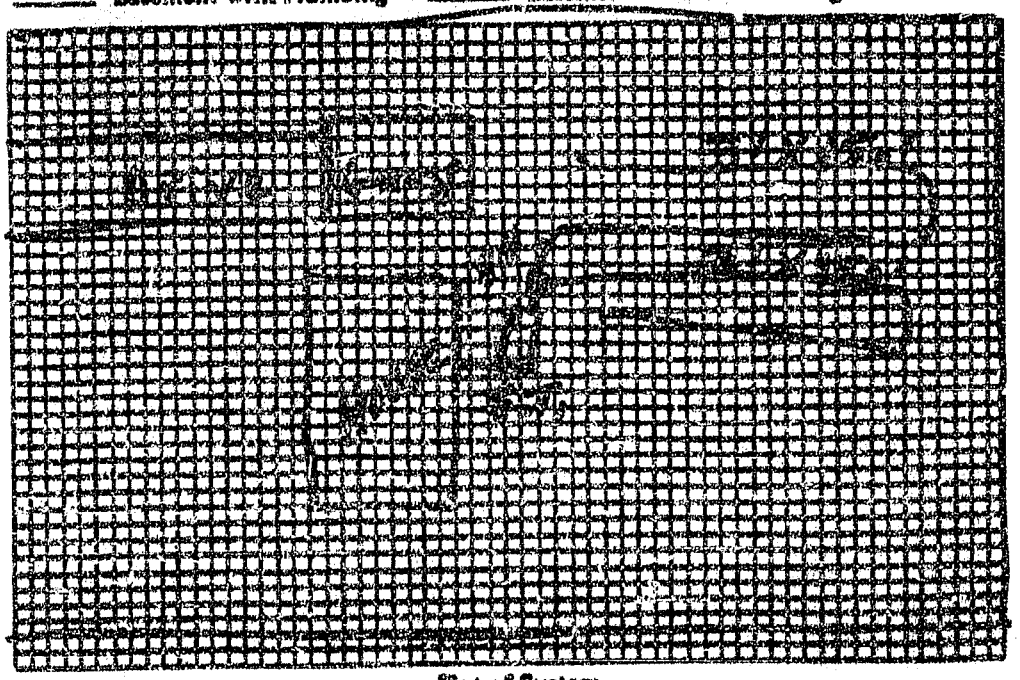
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit: Yes (✓) No ( )
Auto. Dishwasher: Yes (✓) No ( )
Auto. Wash. Machine: Yes (✓) No ( )
Site Suitable: Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate 4
Topography 2 to 20
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area 1/2 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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 J. C. Moore DATE 7-31-90

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