01623

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 Wayne Kelly DATE 7-5-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 N - Turn SR 1890 (Combs Mill Rd.) TL on SR 1886 (Josey Rd.) Go Appx 1 mile - Modular Home on Rt S. R. No. 1856

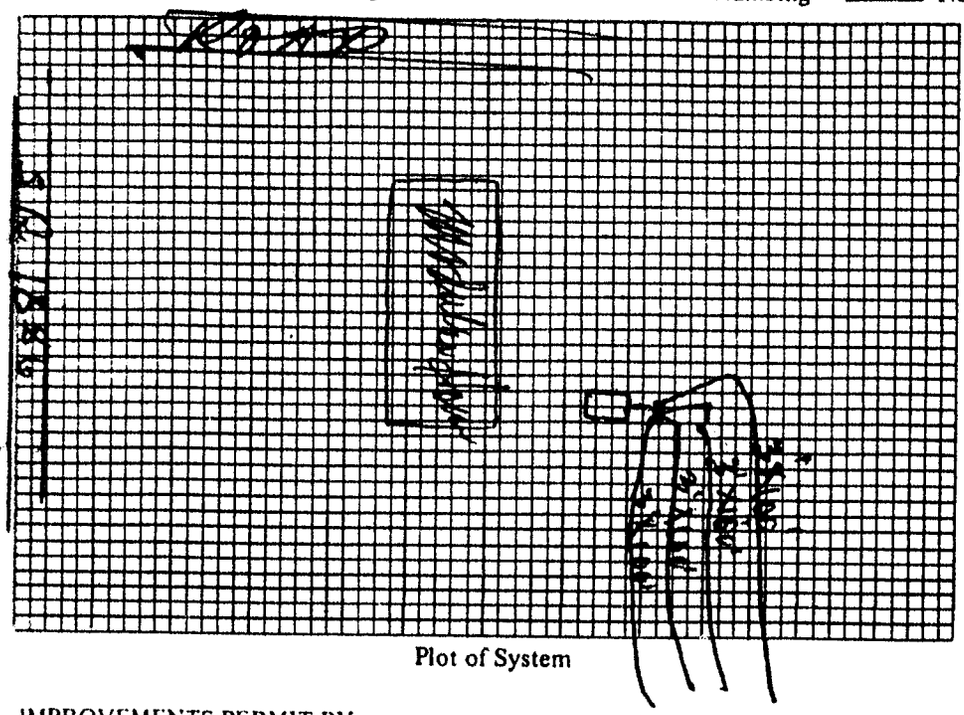
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 4	No. Bathrooms 3	Character & Porosity of Soil	Loam Clay Subsoil
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	5 Gal/ft Appx.
Auto. Dishwasher	Yes (✓) No ( )	Topography	Rolling
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	Deep
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	None

Lot Area Ample

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft 200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Tommy Davis

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 7-5-84

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