00616

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 Marvin Lawton DATE 10-19-83 PERMIT NO. _____

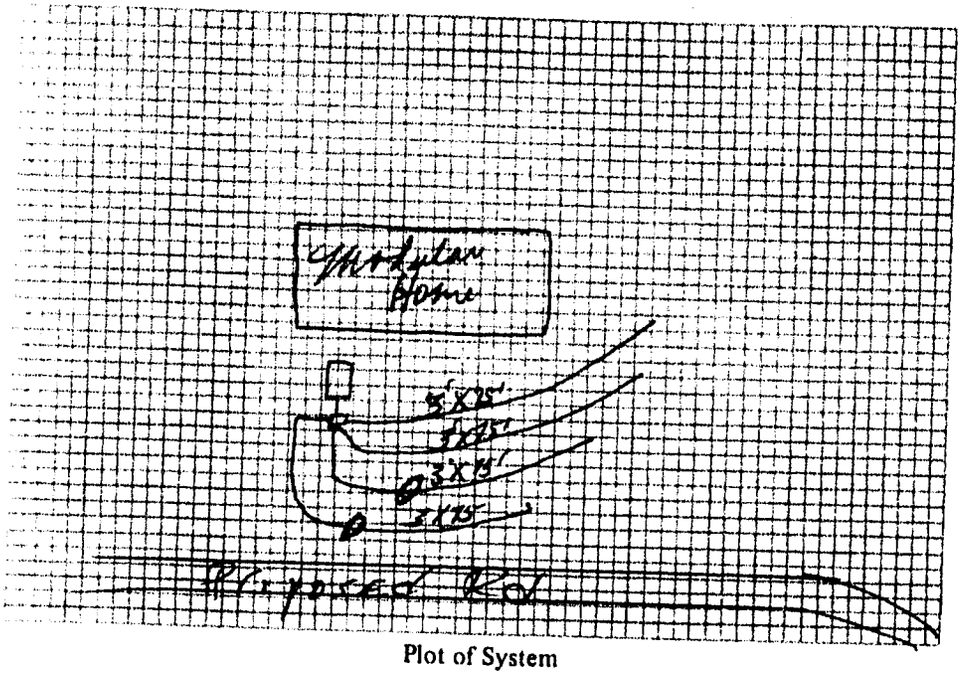
PHONE: Business _____ Home _____

LOCATION I-77 N - TL on SC 1890 (Gentle Rise Rd) TL on SR 1886 (Long Rd) 60 Appx .5 mile TL on Grand Pl Stay left Modular Home on Rt. S. R. No. _____

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

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

No. Bedrooms	3	No. Bathrooms	2		
Garbage Disposal Unit	Yes ( )	No	(✓)	Character & Porosity of Soil	Cecil-Shaw-Santuck
Auto. Dishwasher	Yes (✓)	No	( )	Percolation Rate	4 gal/sq ft/day
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	2-6% slope
Site Suitable	Yes (✓)	No	( )	Depth to Water Table	10'
Lot Area	230 x 240			Rock or other impervious formations	None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by H.B. Johnson

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 10/19/83

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