IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

9890

OWNER OR CONTRACTOR Michael Stamer DATE 6687 PERMIT NO. 015

PHONE: Business _____ Home _____

LOCATION Bethesda Rd

SUBDIVISION NAME Beechwood HTS LOT NO. 14 SECTION OR BLOCK NO. _____ S. R. No. _____

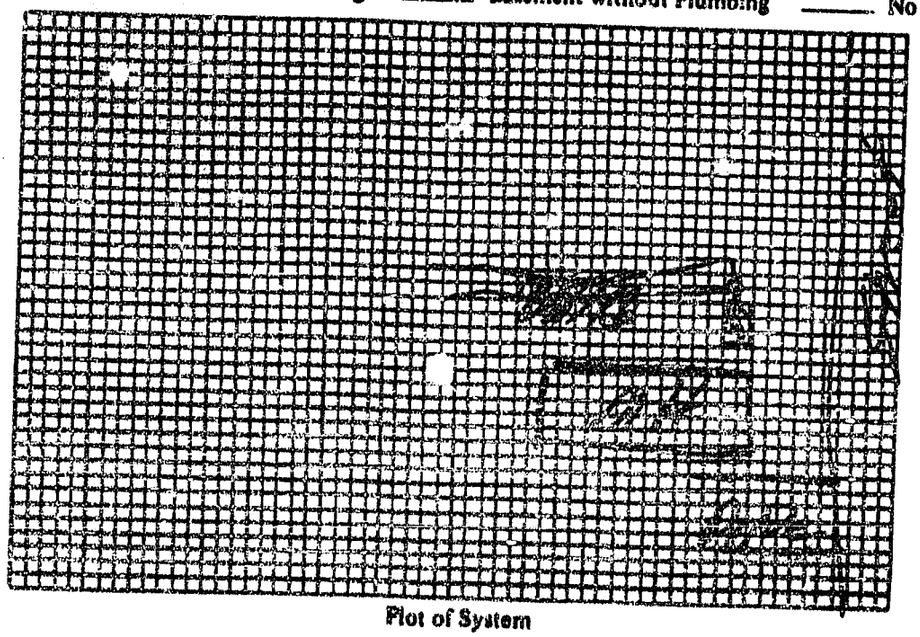
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	45	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	84	
			Rock or other impervious formations	None	

Lot Area 100 X 200

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Myers Bros

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

Signed: _____

IMPROVEMENTS PERMIT BY JC Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DWilliams DATE 6685

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