04148

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 Julia T. Smith DATE 1-11-89 PERMIT NO. C-16

PHONE: Business _____ Home _____

LOCATION Pine Tree Farms Turn 1st Rt Go to end 3rd lot on Rt. from end of St. S. R. No. _____

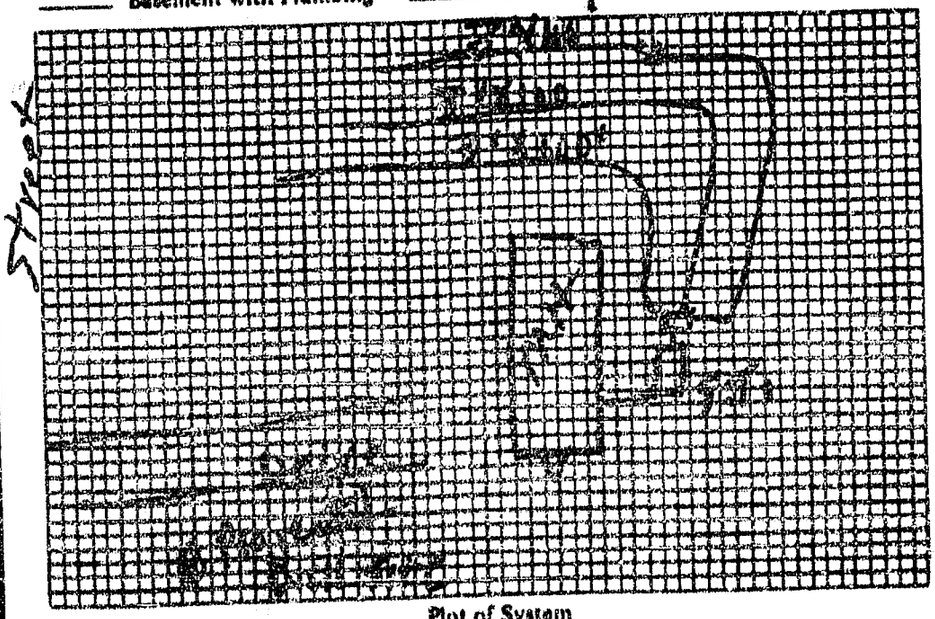
SUBDIVISION NAME Pine Tree Fm LOT NO. 14 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2	No. Bathrooms 1		Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	24
Auto. Dishwasher	Yes ( )	No (✓)	Topography	2 to 20
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	10' +
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	none

Lot Area 210 X 143

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 1-11-89

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