8753

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 T+T DATE 5-26-89 PERMIT NO. B-15

PHONE: Business ________ Home ________

LOCATION Forest Acres Lot 150

________ S. R. No. ________

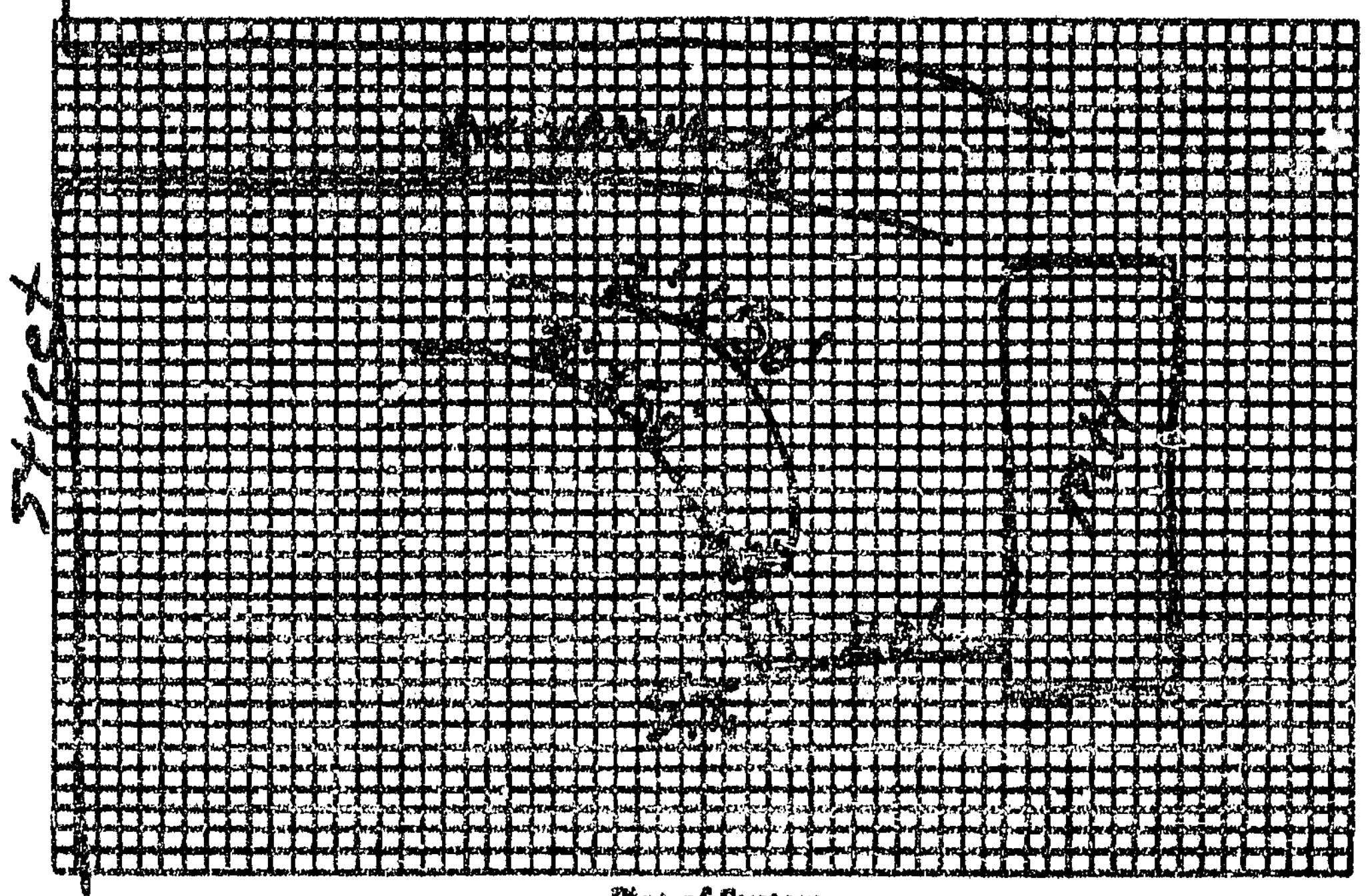
SUBDIVISION NAME ________ LOT NO. ________ SECTION OR BLOCK NO. ________

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

No. Bedrooms 2	No. Bathrooms 2		Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	4
Auto. Dishwasher	Yes ( )	No (✓)	Topography	2 to 6%
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	10'+
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	none

Lot Area over ½ acres

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines ________

Sq. Ft. ________ Linear Ft. ________

Depth of Stone in Lines ________

Water Supply: Individual ( )

Public ( )

100' T+J Panel

Installed by Donalt Lackey

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

Signed: ________

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: ________

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 5-26-89

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