07293

# 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 Co. DATE 9-4-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Forest Acres Lot 128 S. R. No. _____

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

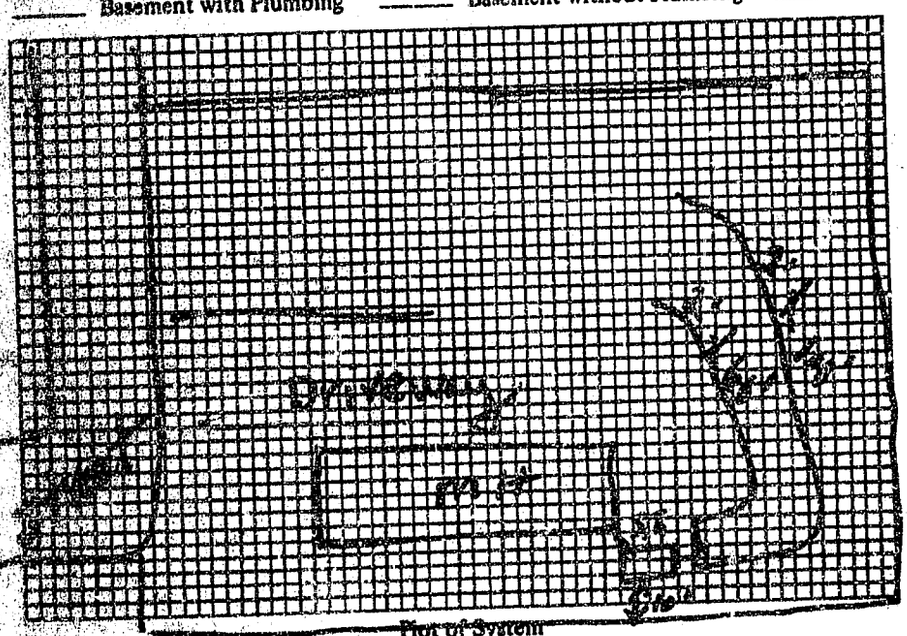
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clayey | |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | 4 | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2 to 20 | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10'+ | |
| | | | Rock or other impervious formations | none | |

Lot Area 18,000 Sq ft

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓)
160' 16" T+J Rural

Installed by Donald Hacker

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 9-4-87

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