7630

# 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 4-20-88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION Forest acres Lot 127

______ S. R. No. ______

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

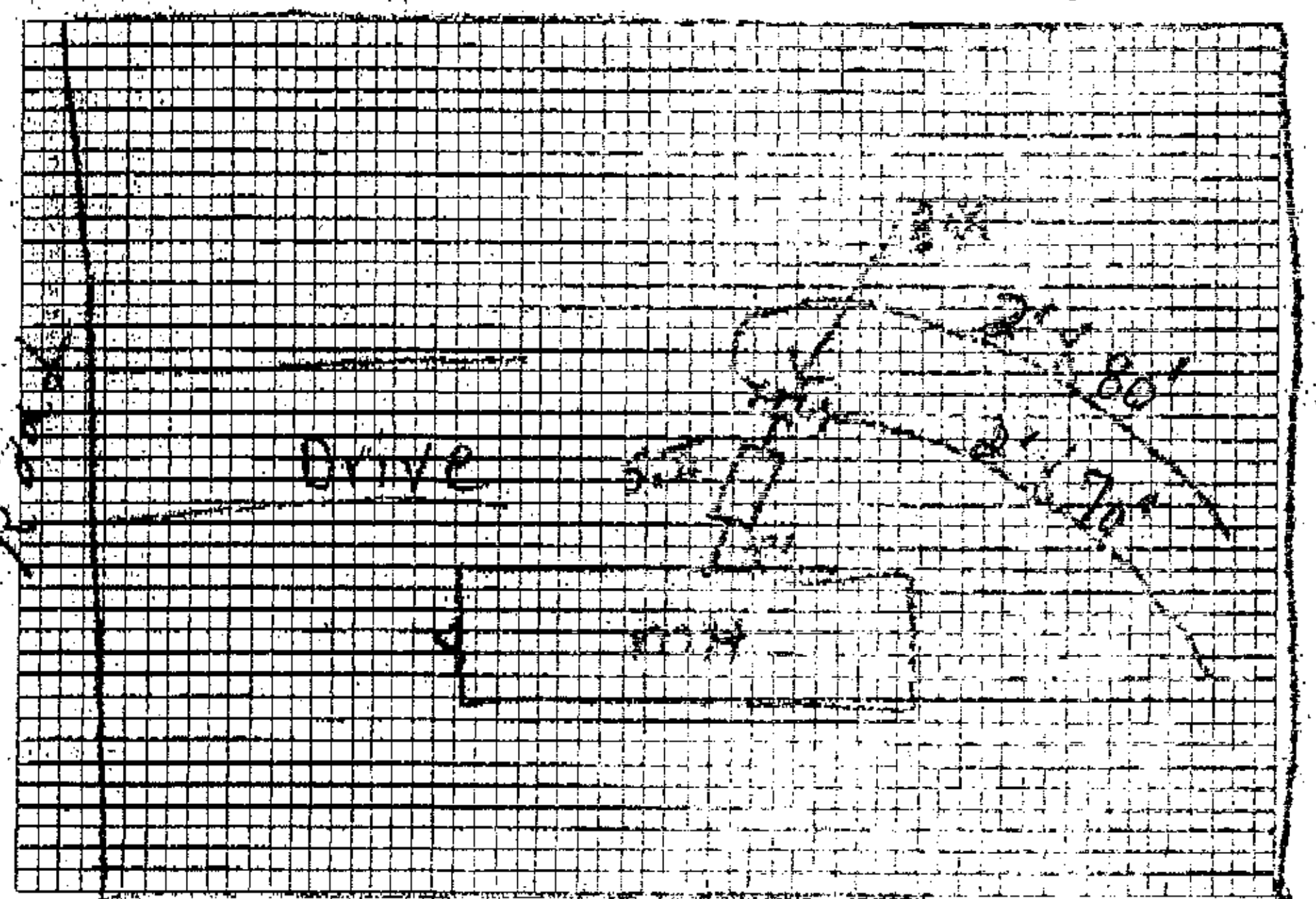
House ( ) Mobile Home (✓) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Property of Soil | Clayey |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2+ 0 to 70 |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10'+ |
| | | | Rock or other impervious formations | none |

Lot Area 18,000 sq'

______ 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 ( )

150' 16 T+J Pan...

Installed by Donald Locke

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 4-20-8

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