8085

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 Burnie Rager DATE 9-21-88 PERMIT NO. A-12

PHONE: Business _____ Home _____

LOCATION Bell Rd TR on Farmwood 1/4 mi on Rt. S. R. No. _____

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

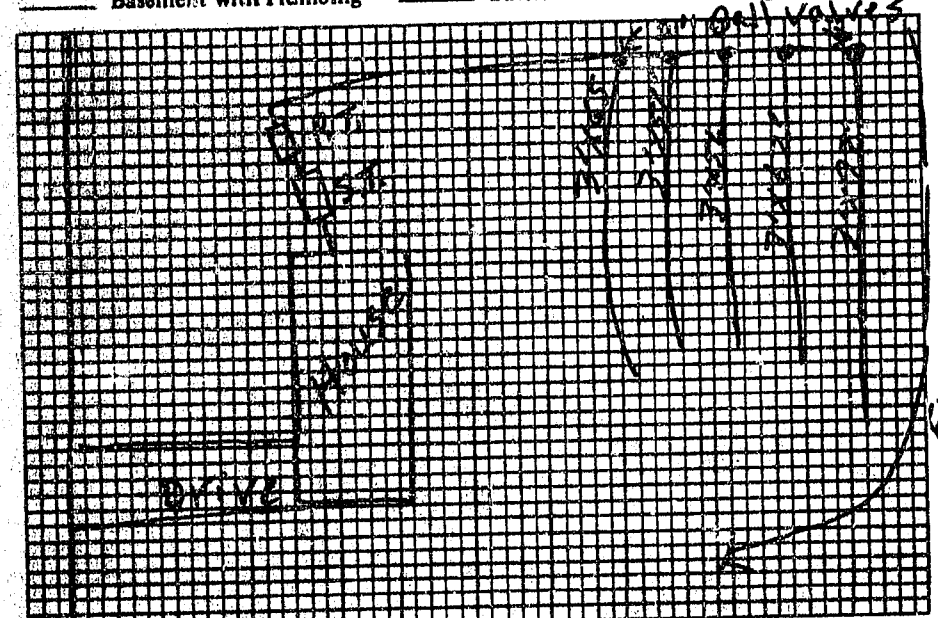
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	14	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	6 to 8'	
			Rock or other impervious formations	none	

Lot Area .73 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 S.T. 1000 R.T. Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by James Hutler

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

Signed: _____

IMPROVEMENTS PERMIT BY F. C. moore

COMMENTS: 1 HP Pump set 200 gal dose cycle set
Sow grass back over area of
Drain field to not cover or cut off 2' Turn ups
at end of Drain lines or cover valve boxes

CERTIFICATE OF COMPLETION BY F. C. moore DATE 9-21-88

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