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 Roy JURNEY DATE 1-18-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64E - T.R. before Oakdale Club - T.L. on 1st st. - 1st house on R.

S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Repair.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area Ample.

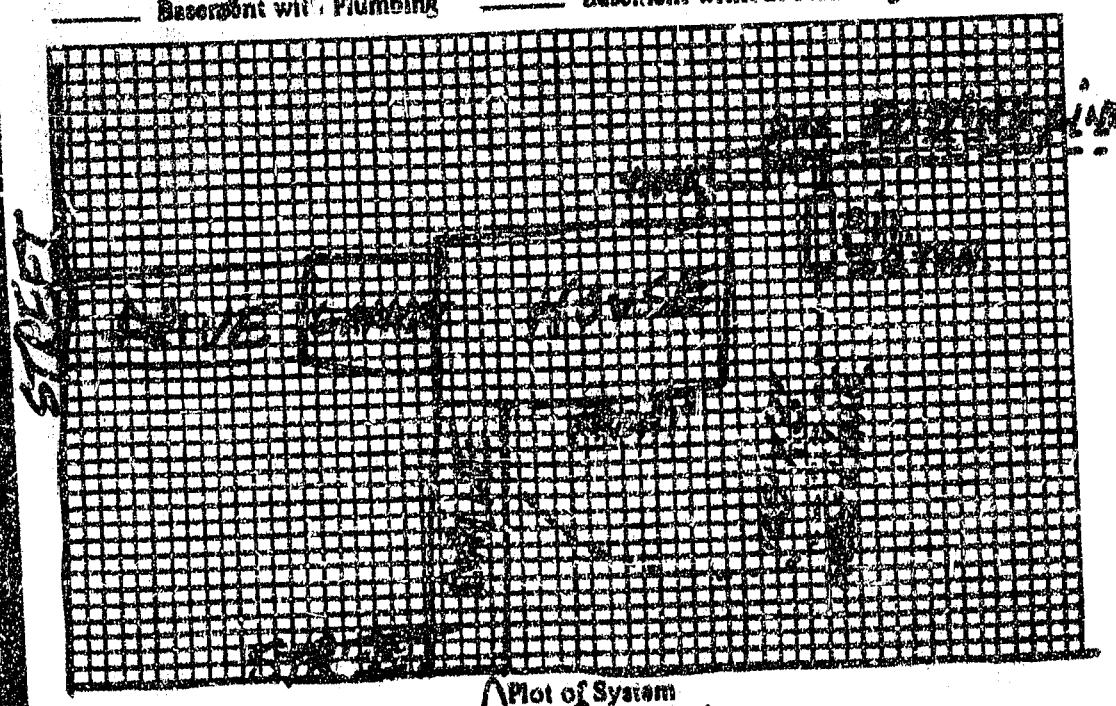
Character & Porosity of Soil Clayey.
Percolation Rate 3 - 30 Min. per. in.
Topography 2 - Slight slope
Depth to Water Table 18"
Rock or other impervious formations None observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 360 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual ( ) Public ( )
PLUS 32 TON PIT.
Installed by Donald Lackey.

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

Signed: _____



IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-18-90.

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