02667

# 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 Carolina EE Homes DATE 5-21-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Cedar Hills Lot 38

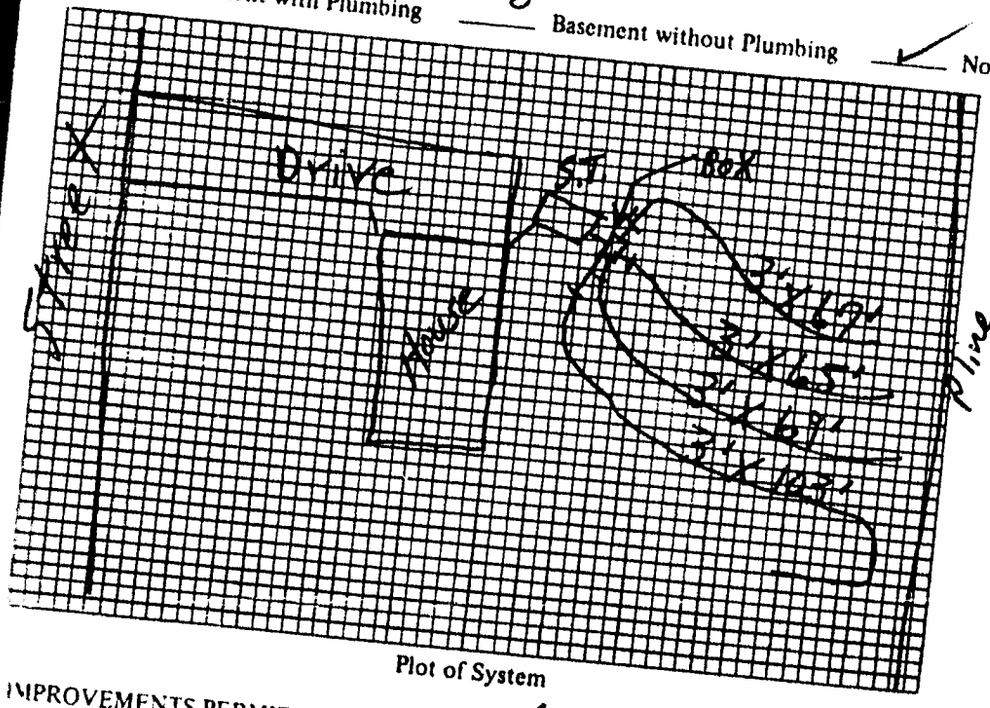
SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 1½

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil Clayey |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate .4 gal/sq ft/day |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography 2 to 6% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table 10'+ |
| Lot Area Approx 15000 SF | | | Rock or other impervious formations None |

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Ellis S.T. Co.

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 _____

EXISTING SYSTEM CHECKED BY: L. C. Moore DATE 5-21-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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