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 M.E. Thorne DATE 7-31-89 PERMIT NO. D-11

PHONE: Business _____ Home _____

LOCATION 64 East on Rt past Beavers Store in Front of Scotts Automotive 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 ( )

Character & Porosity of Soil Clayey
Percolation Rate 24 min 1/2" / 60 min
Topography Slight slope
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area _____
_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

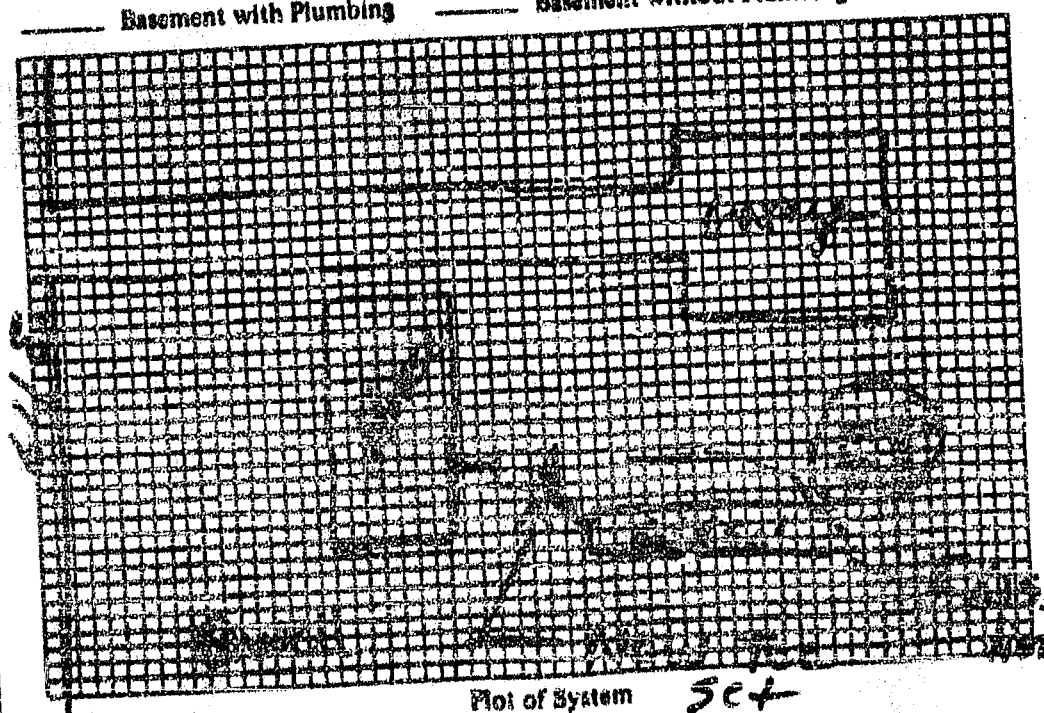
Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Harry Rupe

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

Signed: _____

Plot of System



IMPROVEMENTS PERMIT BY R.C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R.C. Moore DATE 7-31-89

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