00566

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 Tommy Myers DATE 10-14-83 PERMIT NO. _____

PHONE: Business _____ Home _____

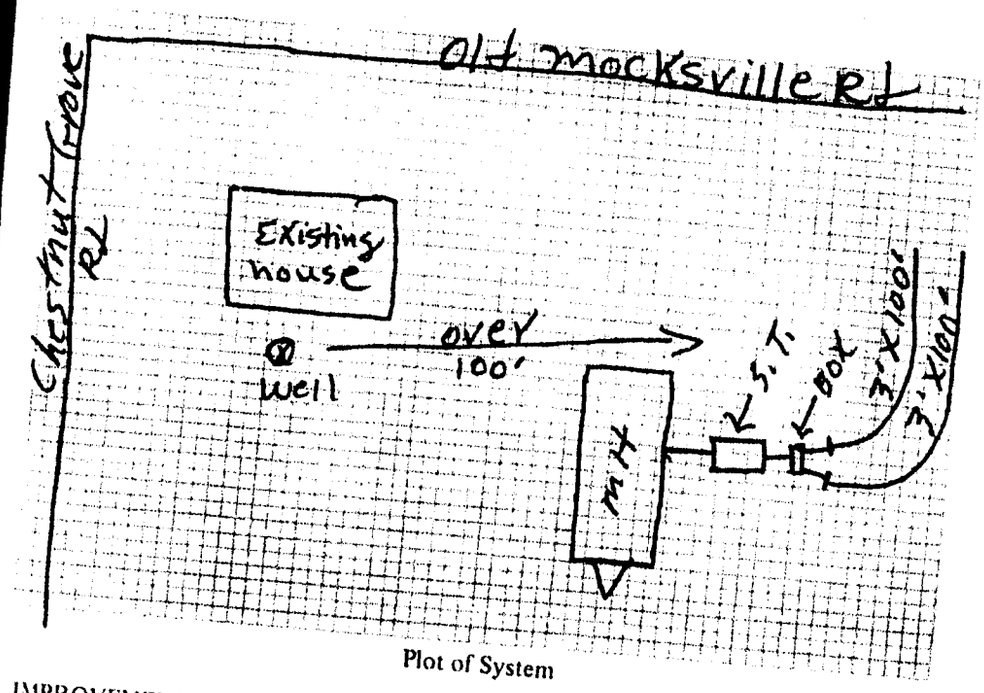
LOCATION Old Mocksville Rd TR on Chestnut Grove Rd 1st drive on left.

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

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

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clay loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 1 to 60 / 55 min/ft
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+
Lot Area 5 acres			Rock or other impervious formations none



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Chaffin

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 10-14-83

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. DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold