8230

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 Donnie Bolton DATE 1-23-87 PERMIT NO. 6-16

PHONE: Business _____ Home _____

LOCATION 70 E Rt on Triplett Rd at end left on Amity - OSwalt 1.2 mi on left. S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other Double wide

No. Bedrooms 2 No. Bathrooms _____

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

Character & Porosity of Soil Clay
Percolation Rate 1/4
Topography 4 to 8%
Depth to Water Table 4'+
Rock or other impervious formations none

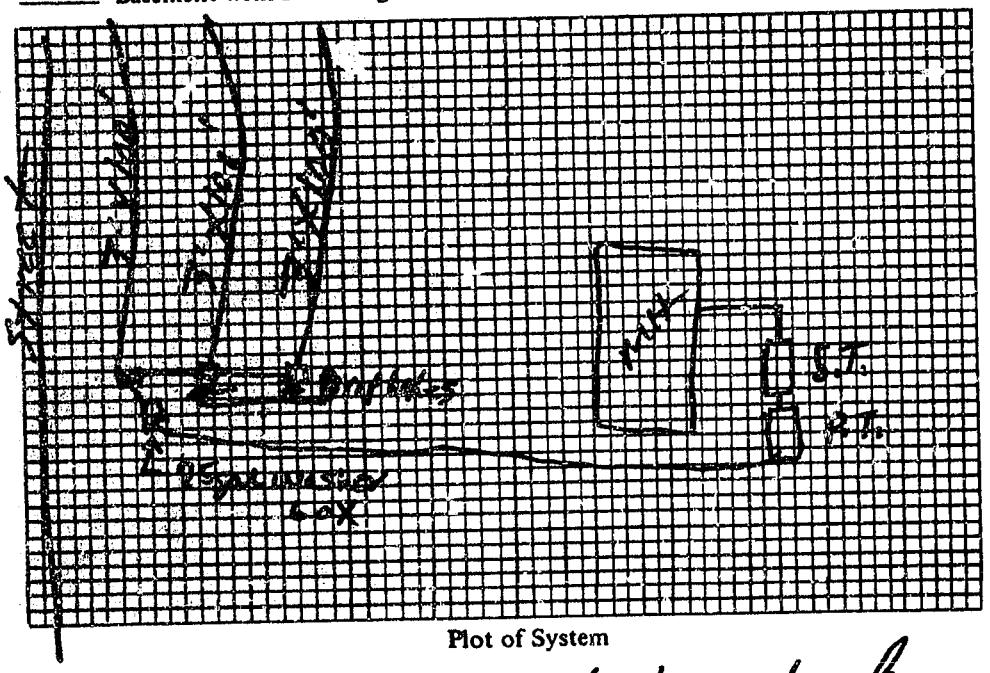
Lot Area 3/4 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

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

Nitrification Field: 75 gal washer 60K
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Cedarwood S.T. Serv.

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sheeks

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 1-23-87

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