08207

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 Leon Barker DATE 6 23 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N TR on Mt Bethel Ch Rd 1ST Mtn on LF

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 22 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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 Prev Suitable

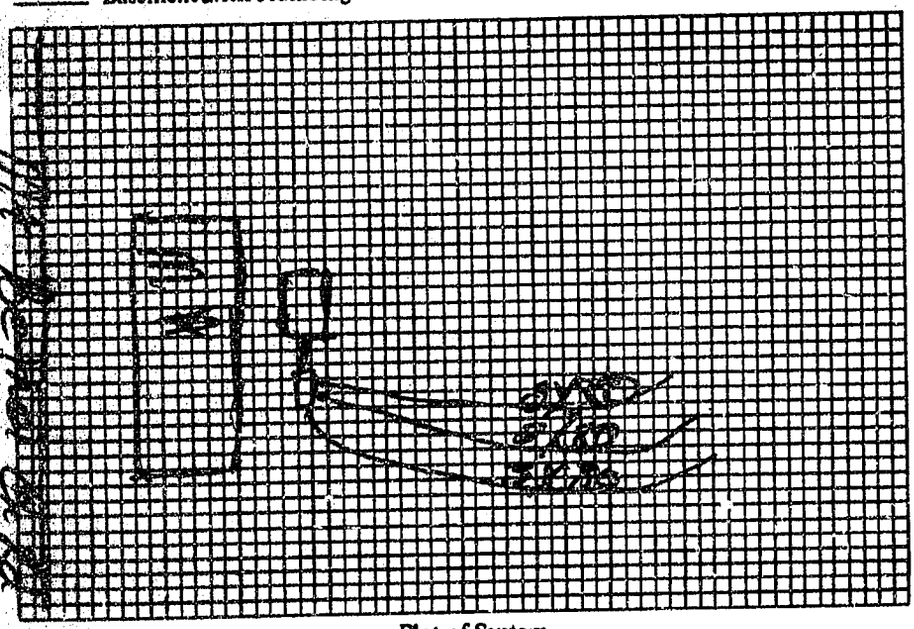
Percolation Rate 15

Topography 2-8%

Depth to Water Table 28"+

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 900 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 220 Linear Ft. 240

Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

Installed by Wayne Potts

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

Signed: Wayne Potts

IMPROVEMENTS PERMIT BY Glen Fox & Darrin Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Darrin Weaver & Kelly Hunt DATE 6 23 88

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