03547

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 John Cullen DATE 7-26-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N - Thru SR 2136 Thru SR 2139 Thru SR 2140 3rd Mobile Home on Rt.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. 2140

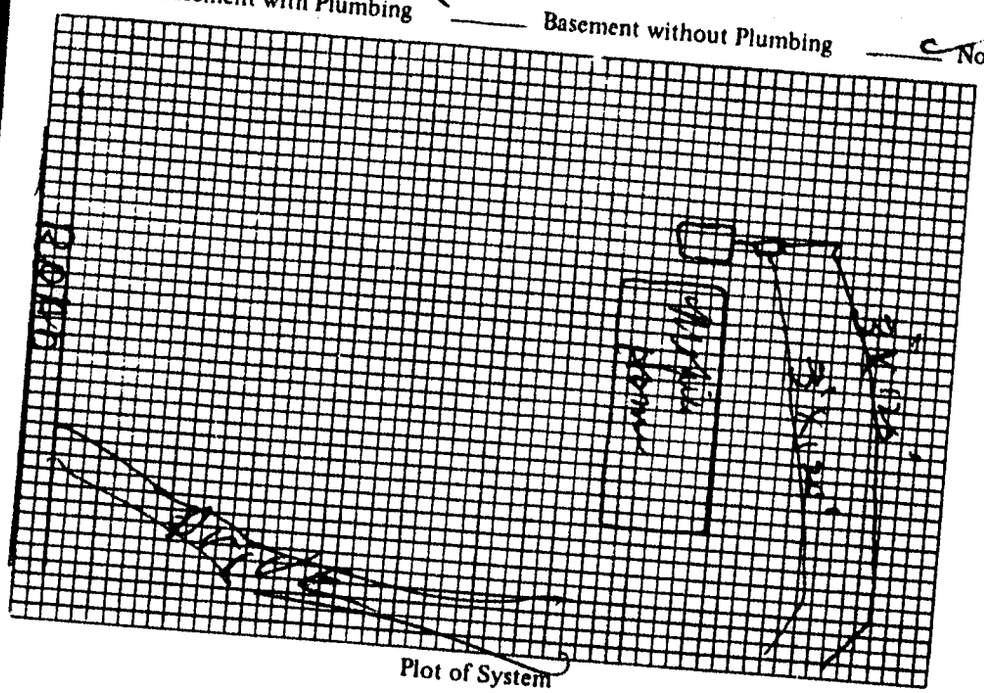
SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Sandy Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 2 - 60 Min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'
Lot Area adequate			Rock or other impervious formations Encountered

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 18"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 7/26/85

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