01925

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 Triangle Const. DATE 2-19-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E TR on Barry Oak Rd TR on Longview 1/2 mi on Rt

SUBDIVISION NAME Steele Property LOT NO. 2 SECTION OR BLOCK NO. _____ S. R. No. _____

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

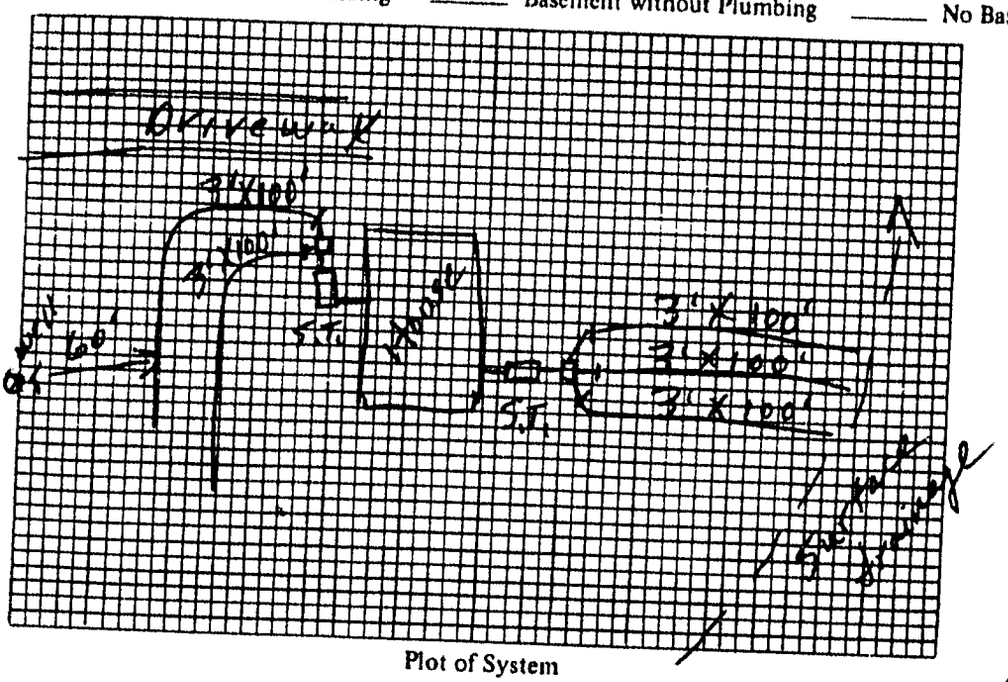
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 43,560

Character & Porosity of Soil Clayey
Percolation Rate 2
Topography Level to Rolling
Depth to Water Table 10'+
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Front 1000 Rear Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1500 Linear Ft. 500
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Triangle Const.

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

Signed: _____

lay-out amended 2-15-85 System at back was too deep so next system in front.

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: System behind house is for Plumbing on lower level. System in front is for Plumbing on upper level.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 2-19-85

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