03528

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 Kyle D. Hinson DATE 10-18-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TL on Oldmocksville Rd Then TR on Coolsprings Rd Past I-40 TL on 2164 ½mi on Rt S. R. No. _____

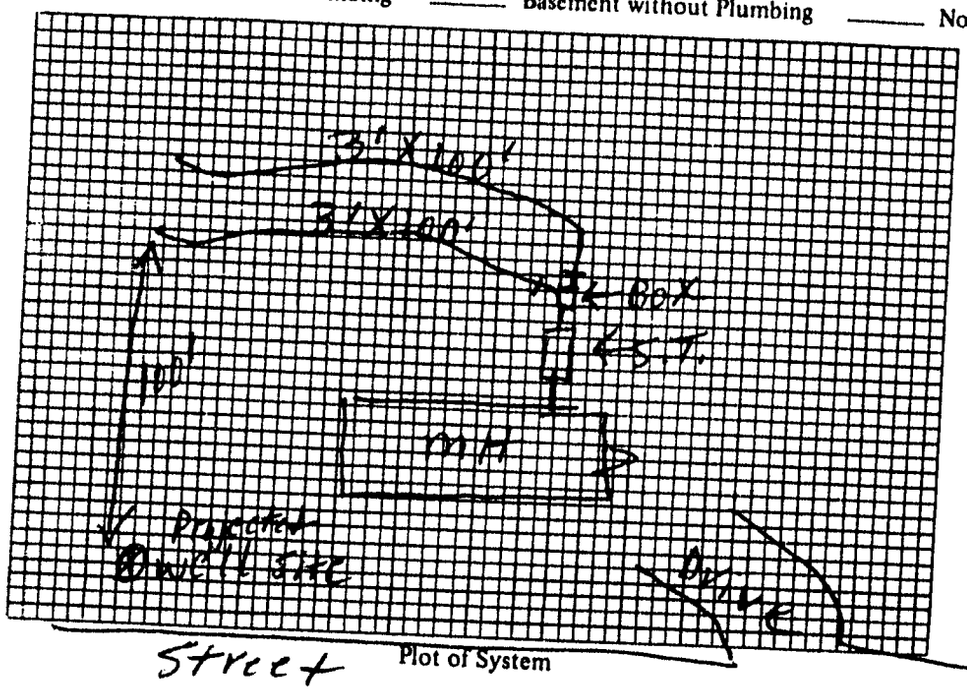
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clayey
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 4 sql/55 1/fair
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10+
Lot Area 1 acre			Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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 _____ DATE 10-18-85

EXISTING SYSTEM CHECKED BY: L. C. Moore 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