04439

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 Ralph Porter DATE 10-17-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E Past Cool Springs School 2nd house on left Past Woodleaf Rd S. R. No. _____

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

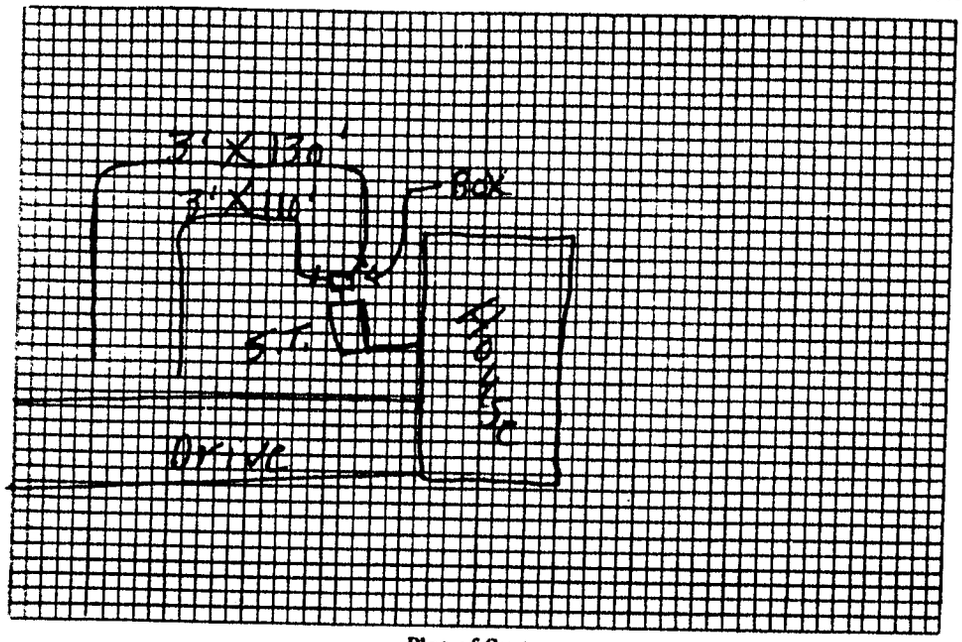
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	15	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations		

Lot Area ample

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by Cedarwood Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox Jr.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 10-17-86

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