03390

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 Robert B. Templeton DATE 7-9-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 4 of E. TL on SR 2158 TR on SR 2157 1st Mobile Home on left

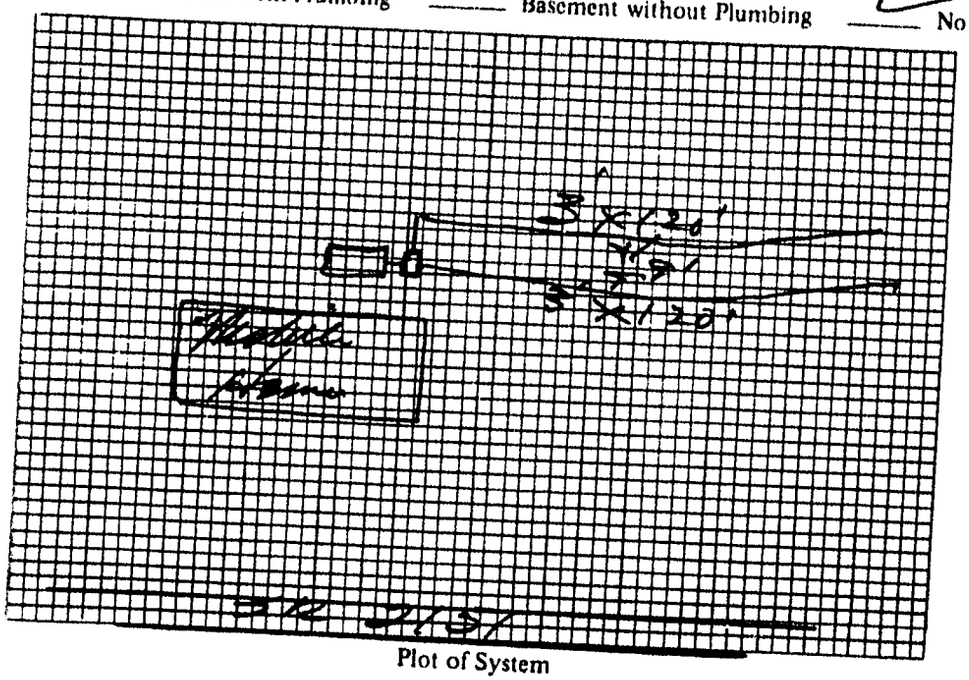
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. 2157

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

No. Bedrooms 2 No. Bathrooms ✓

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Sandy Loam	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4 Bubbles at once	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6-25%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'	
Lot Area: Acreage			Rock or other impervious formations	Scattered Rock	

_____ 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 12"

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 9/9/85

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