01997

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 Alfred Jones DATE 5-21-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 E. TL on 64 E at Davie Co. Line TL on Society Ch. Rd SR 2145 - Winkle on Rt. West Hoyle Rd SR 2142 Rt

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. 2141

House ( ), Mobile Home ( ) Business (✓) Other Concession Stand

No. Bedrooms _____ No. Bathrooms 2

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

Lot Area _____

Character & Porosity of Soil Clay Sandy

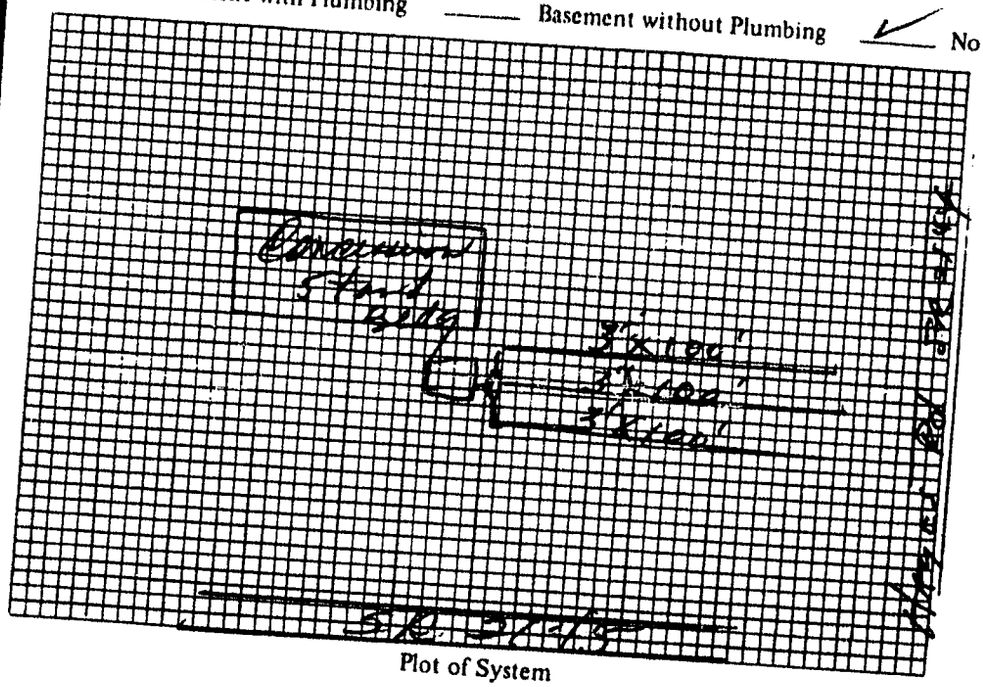
Percolation Rate 4 gal sq ft appl

Topography 2 to 10 % slope

Depth to Water Table 48"

Rock or other impervious formations Saprolite Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 700 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Gallin Sanitation

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 5/21/85

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