1941

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 Michael Evans DATE 6-13-88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 64 E. Then [illegible] Rd. Then Hayes
Go 1/2 Miles On Rt S. R. No. ______

SUBDIVISION NAME Evans MHP LOT NO. 1 SECTION OR BLOCK NO. ______

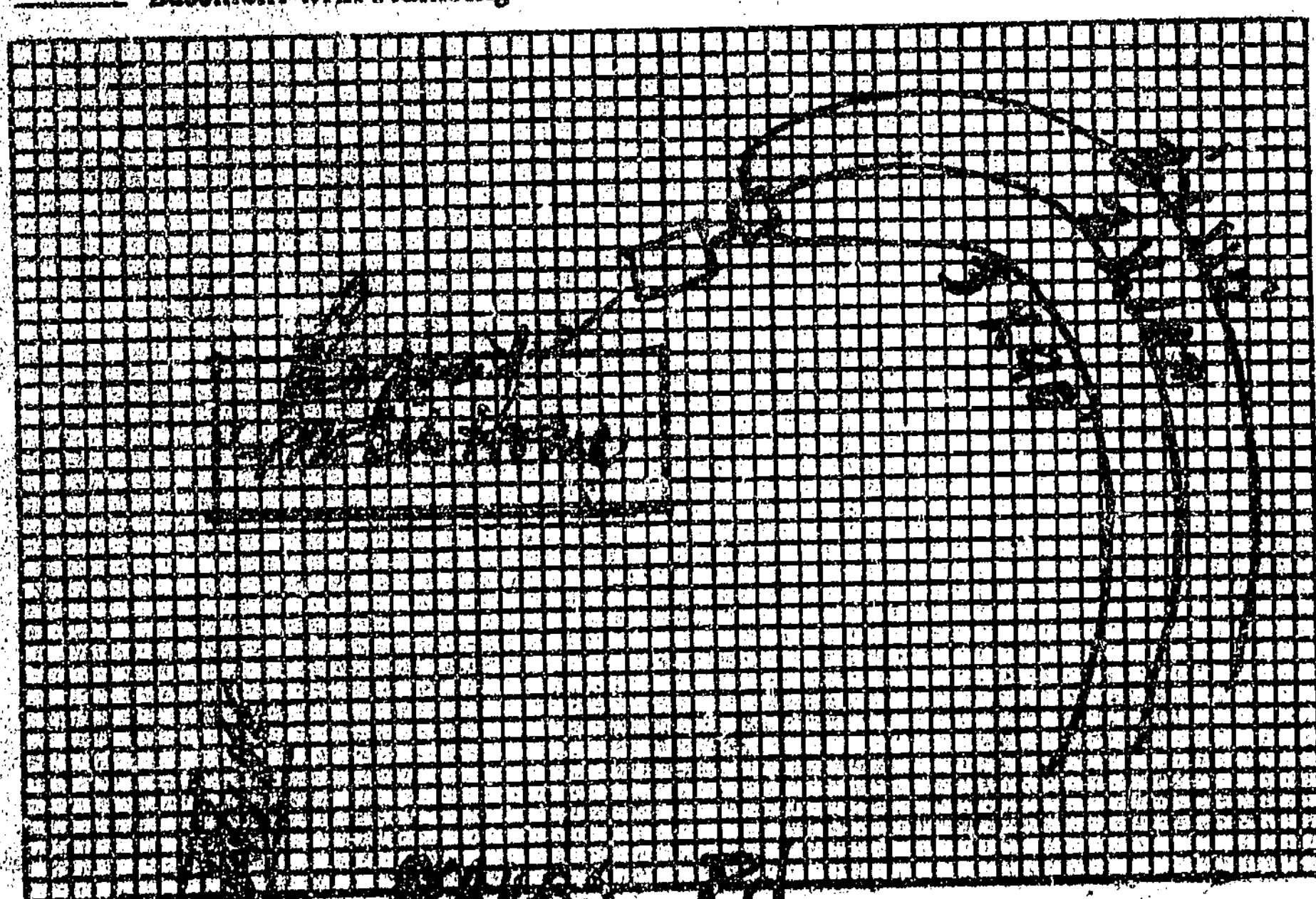
House ( ) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2 ✓
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate [illegible]
Topography [illegible]
Depth to Water Table 10'
Rock or other impervious formations None

Lot Area 100 x 200

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by [illegible signature]

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

Signed: ______

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: ______

CERTIFICATE OF COMPLETION BY [illegible signature] DATE [illegible]

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