03683

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 Stanley Lewis DATE 12/17/85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N, Rt on Bruce, Rt on Tuckers Grove Go 1/2 mile Rt on Private Drive, MH is 300 yds off Tuckers Grove on Rt S. R. No. _____

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

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

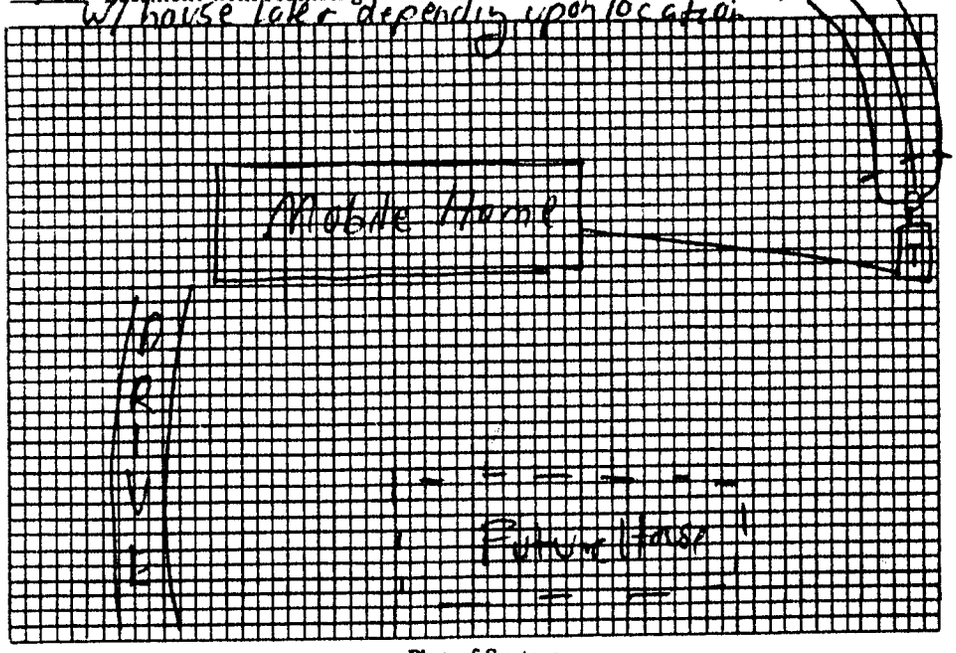
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Prov. Suitable
Percolation Rate .5 gal/ft²/day
Topography 2-6% Slope
Depth to Water Table 10'+
Rock or other impervious formations Scattered Rock

Lot Area 20 acres

Basement with Plumbing _____ Basement without Plumbing _____ No Basement
W/house take depending upon location



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 11"

Water Supply: Individual (✓)
Public ( )

Installed by James Hortness

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox, Jr.

COMMENTS: Make sure stub out in basement of proposed home allows for basement plumbing. (If Desired)

CERTIFICATE OF COMPLETION BY _____ DATE 12/17/85

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