05482

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 Terrance Goodall DATE 10-16-86 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 115 N. T R on SR 1873 - TL on SR 1872 - Go approx 4/10 mile NN on Rt 500 ft from Road

SUBDIVISION NAME ____ S. R. No. 1872

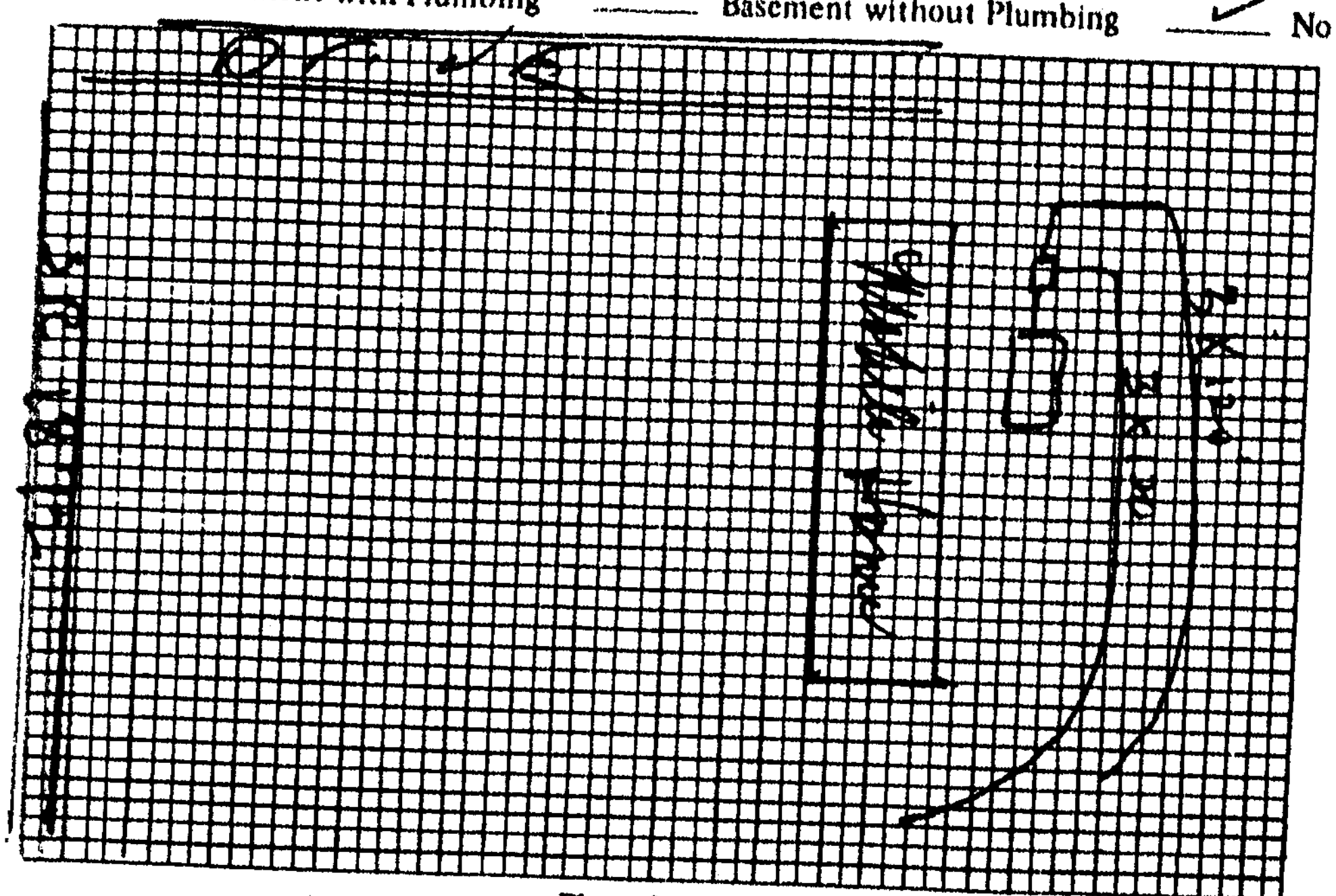
LOT NO. ____ SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prov. Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Est. sq ft appx
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-16%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'
Lot Area 2 acres			Rock or other impervious formations	None

____ 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 Donald Lackey

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY [signature]

EXISTING SYSTEM CHECKED BY: ____ DATE 12/12/86

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