05350

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 David Redmond DATE 10-8-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. TR on SR 1869 Bruce Rd. 1st Mobile Home on Rt.

SUBDIVISION NAME _____ S. R. No. _____

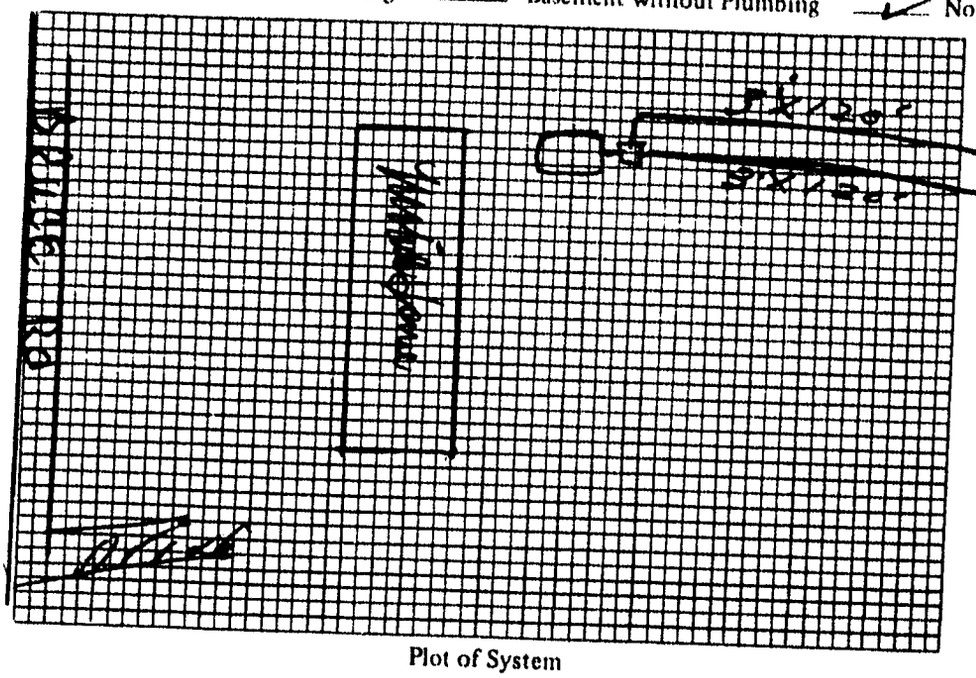
LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Loam - Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4 Salpg ft appl.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Flat
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	12+
Lot Area Ample			Rock or other impervious formations	Bedrock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 120 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 Glenn Ford DATE 10/8/86

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