02431

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 Steve Sloan

PHONE: Business _____ Home _____ DATE 5-7-85 PERMIT NO. _____

LOCATION 2W - TL on Quaking Rd TL on SR 1896 (Turnersburg Rd) TL on SR 1824 (Bens Rd) House on left first N. Iredell Res.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. 1824

SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2

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

Lot Area 3.7

Character & Porosity of Soil Sandy Loam Suitable

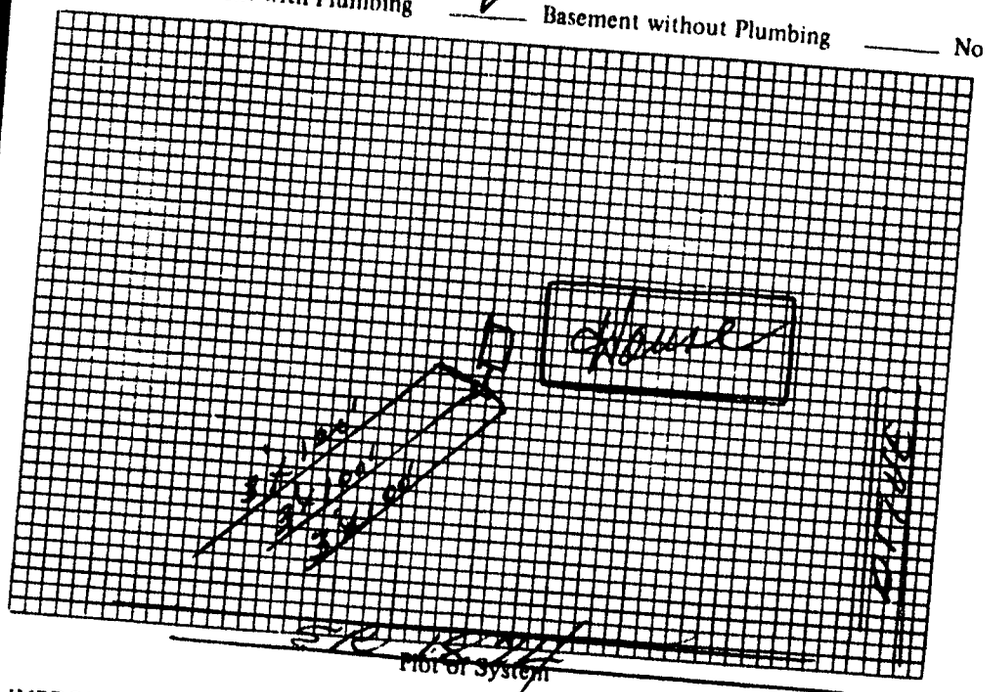
Percolation Rate 25 gal 60 min

Topography Gently Sloping

Depth to Water Table 6-10 ft

Rock or other impervious formations None

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Tommy Pierce

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Sloan DATE 5/2/85

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