03439

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 Conley Hudson DATE 12-4-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77N - Town 901 TR on SR 1804 2nd House on Rt past SR 1803

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

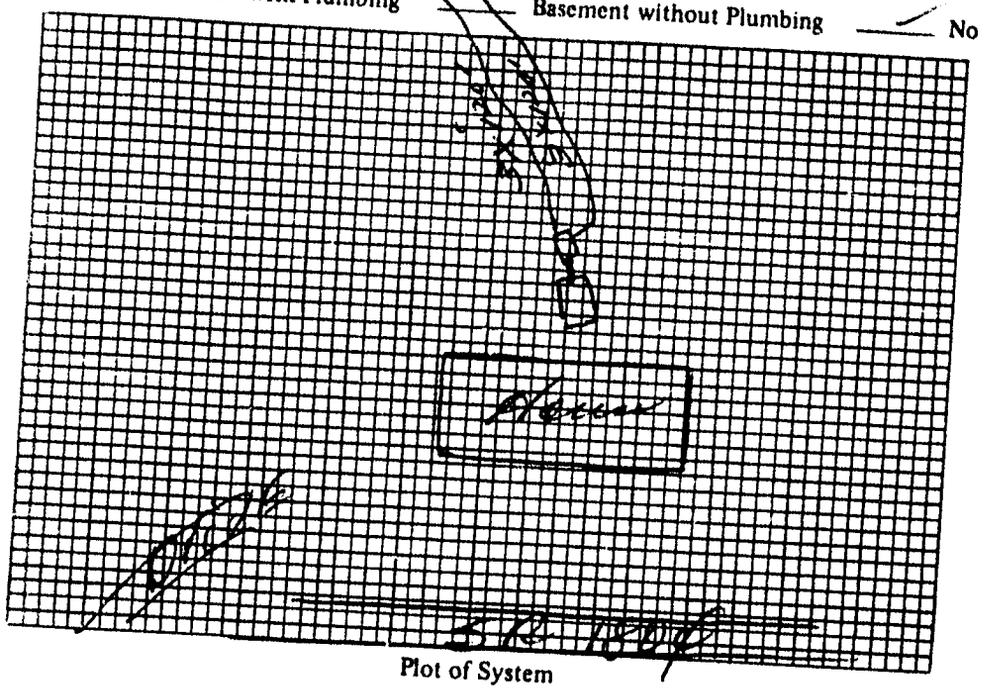
House (4) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (4)	Character & Porosity of Soil Clay Sandy
Auto. Dishwasher	Yes (4)	No ( )	Percolation Rate 5 & 2 Min/Inch
Auto. Wash. Machine	Yes (4)	No ( )	Topography Gentle Slope
Site Suitable	Yes (4)	No ( )	Depth to Water Table 10'
			Rock or other impervious formations None

Lot Area Adequate

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (4)

Public ( )

Installed by Conley Hudson

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Foil

EXISTING SYSTEM CHECKED BY: _____ DATE 12/4/85

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