IREDELL COUNTY HEALTH DEPARTMENT

8995 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Albert R. Nunez DATE 6 5 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 TL Fourth Rd TR on Ivanhoe Rd TL 6th house
TR on Tom Rd. MH on Right S. R. No. _____

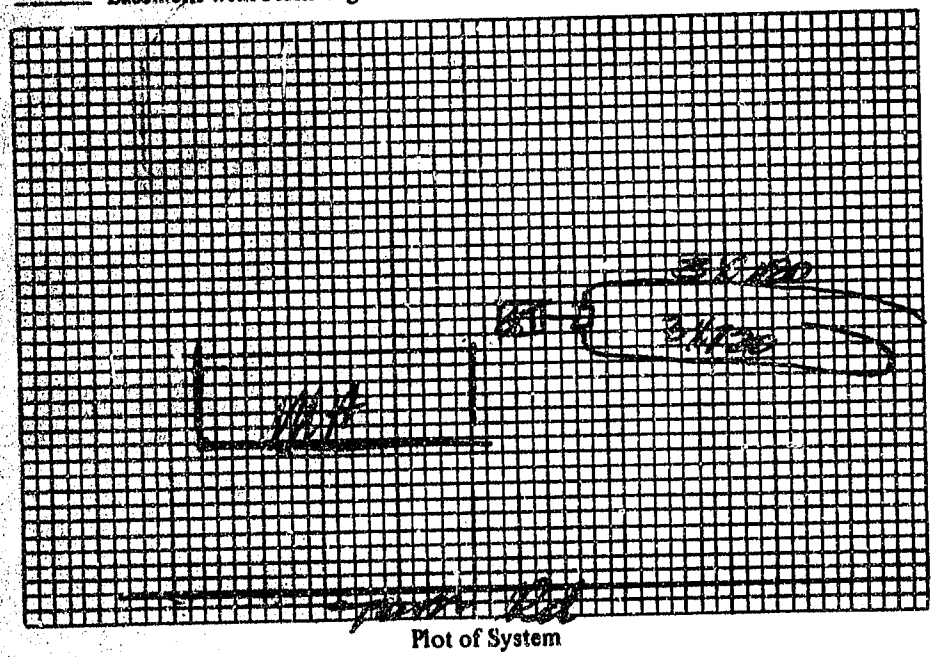
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2		
Garbage Disposal Unit	Yes ( )	No	(✓)	Character & Porosity of Soil	Good Suitable
Auto. Dishwasher	Yes ( )	No	(✓)	Percolation Rate	12
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	Rolling
Site Suitable	Yes (✓)	No	( )	Depth to Water Table	10' +
				Rock or other impervious formations	Scattered Rock

Lot Area 2 acres

_____ 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 (✓)
Public ( )

Installed by James Hardee

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6-15-88

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