00624

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 Harold W. Tomlin DATE 5-21-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N - TL on SR 1892 Jennings Rd / TL on SR 1861 Turnpike Branch Rd / 6/10 Mile - 2nd house on left S. R. No. 1861

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

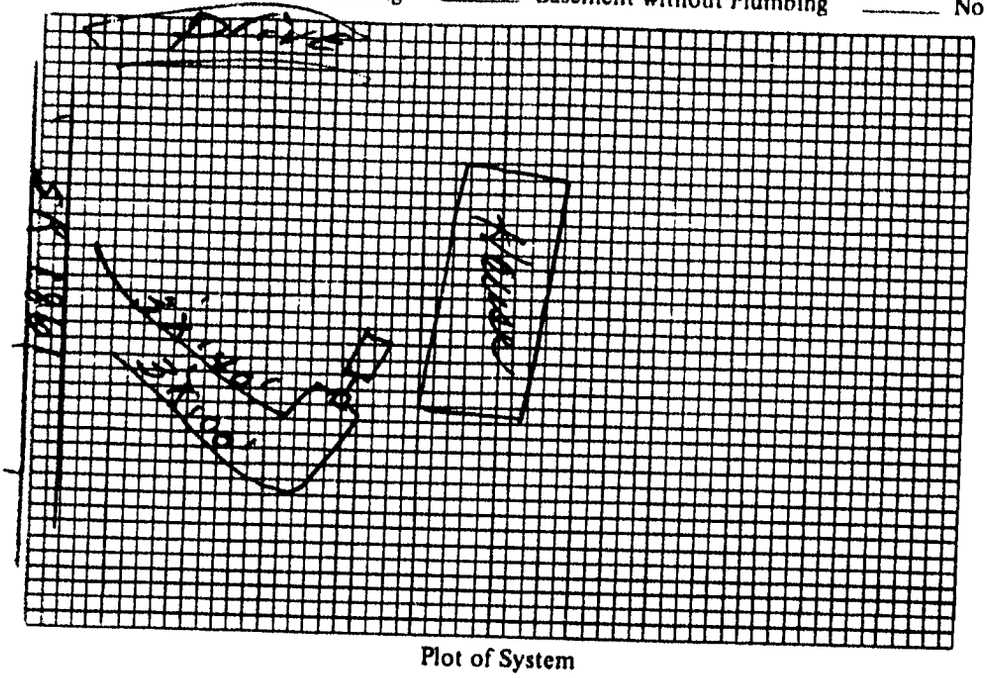
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Cecil Por. Sandy Loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	5 Min/ft appl.
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 - 6 Pct Slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'
			Rock or other impervious formations	None

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 200 Linear Ft. 240

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public (✓)

Installed by Harry Long

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 Taylor DATE 5/24/85

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