03763

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 Piedmont Explosives DATE 11-7-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. To on Jennings Rd. TR on SR 1885 Mossford Rd Mobile office past entrance gate to Piedmont Explosives

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

SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Office 3 Employees

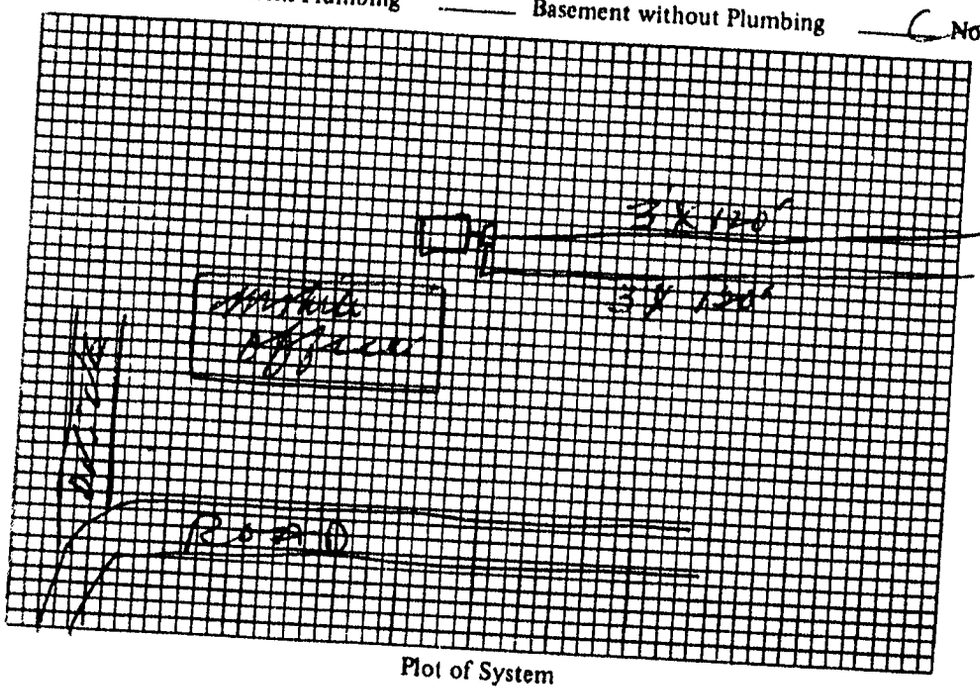
No. Bedrooms _____ No. Bathrooms 1

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

Character & Porosity of Soil Clay Loam Stones
Percolation Rate 60 min/1" Topography Gently Sloping
Depth to Water Table 6'+ Rock or other impervious formations Bedrock

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. 726 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (+)
Public ( )

Installed by Glenn Sayre

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 Sayre

EXISTING SYSTEM CHECKED BY: _____ DATE 11/7/85

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