IREDELL COUNTY HEALTH DEPARTMENT

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

10286

OWNER OR CONTRACTOR Elizabeth Darcy DATE 8/15/89 PERMIT NO. pt of 1628

PHONE: Business _____ Home _____

LOCATION 2112 R Sloans mill Rd Indian Hom on Left 1 mile on Left

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

SECTION OR BLOCK NO. _____

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

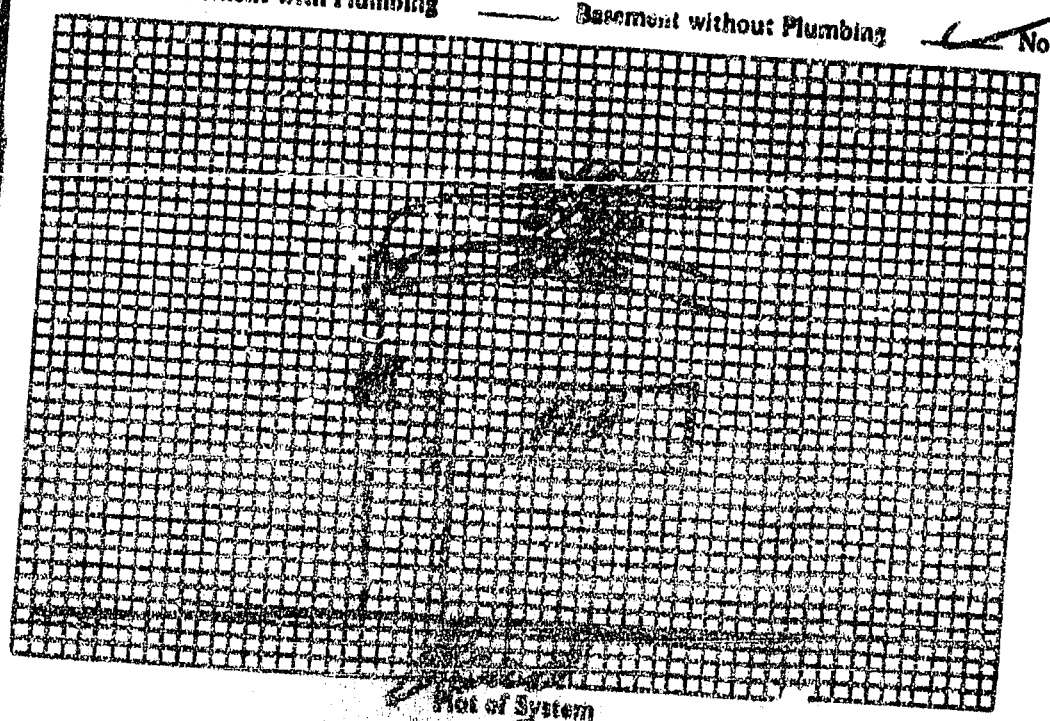
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2ac

Character & Porosity of Soil Sandy Suitable
Percolation Rate _____
Topography Level
Depth to Water Table 24"
Rock or other impervious formations Soft Weathered

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public (✓)

Installed by Harling Church

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature]

EXISTING SYSTEM CHECKED BY: _____ DATE 8/15/89

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