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 Kyle Holloway DATE 1-23-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 N - TL on 901 - Toward Union Grove TL on SR 1946 (Chestnut Oak Rd) Mobile Home on Rt before SR 1852 S. R. No. 1946

SUBDIVISION NAME Wagon Trail Division LOT NO. 62-72 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

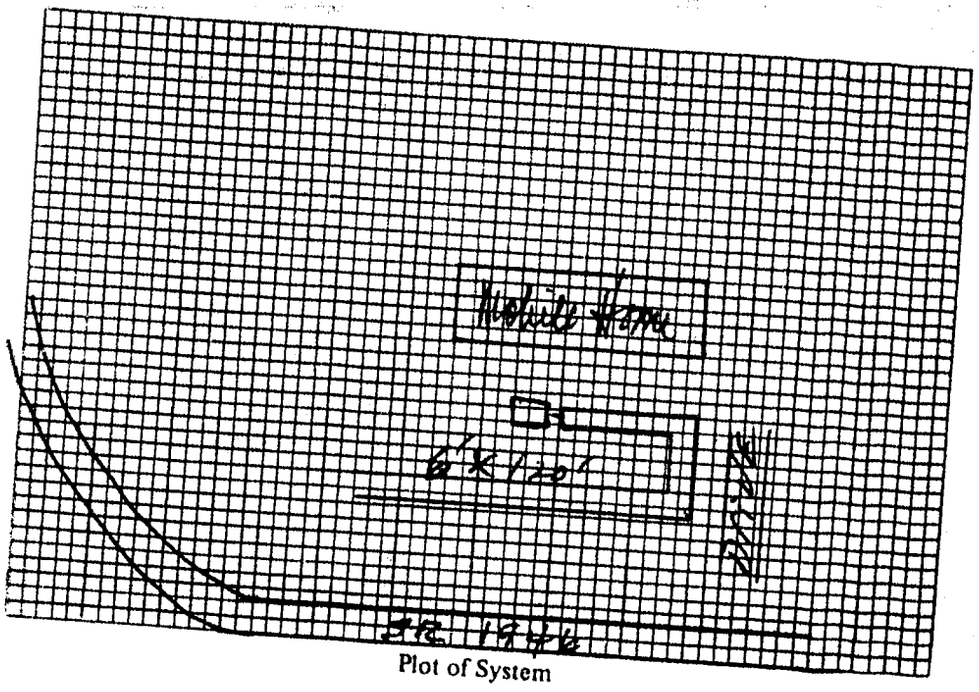
Character & Porosity of Soil Clay - Prov. Suitable

Percolation Rate 3 Gal. Sq. Ft. Grd.

Topography 6-10% Slope

Depth to Water Table _____

Rock or other impervious formations Weathered Rock.



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by James Hartness

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 Todd

EXISTING SYSTEM CHECKED BY: _____ DATE 1/23/84

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