RESTAURANT

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 PHILLIP SPARKS DATE 9-19-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I77 N - T.L. on Hwy 901 - go 1 1/4 mi. on (R).

_____ S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other 45 seat rest. + service station + gift shop. 4 employees.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Clayey

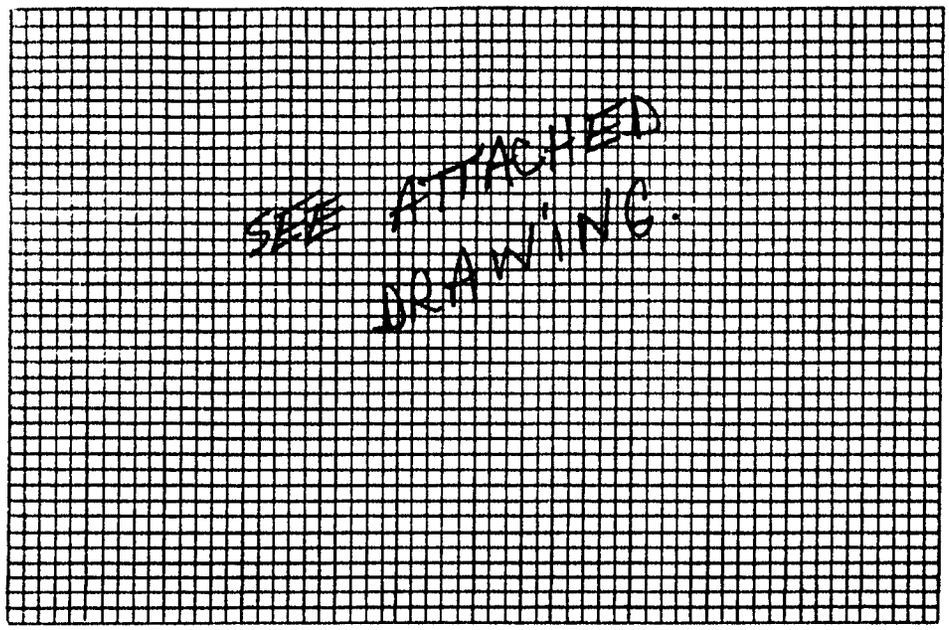
Percolation Rate 40 min/1" 2 60 min/1"

Topography 2-6%

Depth to Water Table 10"

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 3/1500 TANKS Gals.

Nitrification Field:

No. of Lines 12

Sq. Ft. 4800 Linear Ft. 1600

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by James Hartness Lee Johnson

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown & J. C. Moore.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore & Steve Brown. DATE 9-19-86

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