07974

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 WILLIAM CAMPBELL DATE 4-8-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77N-T.R. on Hwy 90 I-T.R. on Faber Rd. - ¼ mi. on left. S. R. No. _____

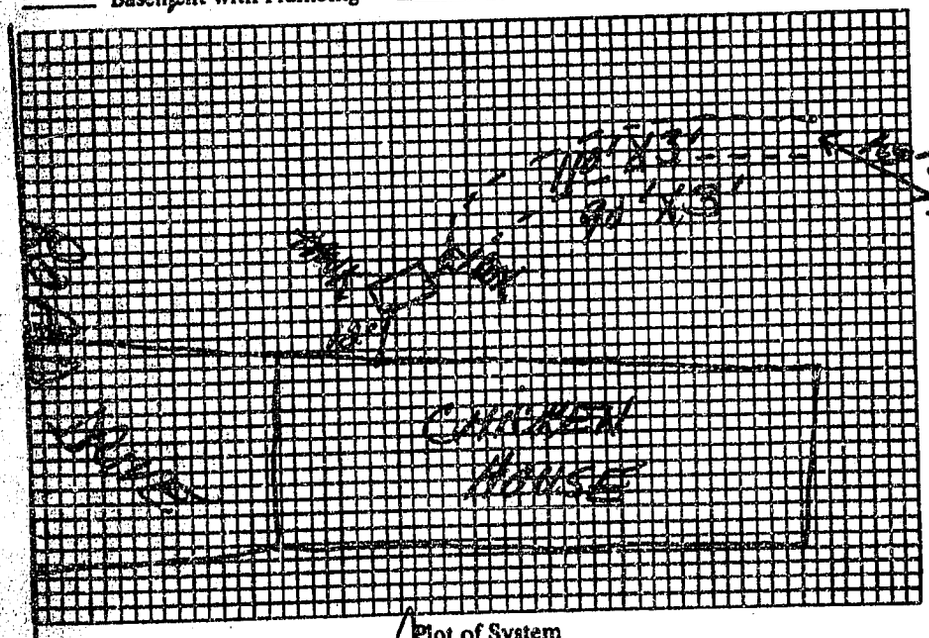
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other Chicken house for 2 employees for water plus wash down. sewage.

No. Bedrooms _____	No. Bathrooms _____		Character & Porosity of Soil Clayey
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate 2 90 Lg. Ft.
Auto. Dishwasher	Yes ( )	No (✓)	Topography Level
Auto. Wash. Machine	Yes ( )	No (✓)	Depth to Water Table 6'
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations none observed

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Lines Ft. 200

Depth of Stone in Lines 2'

Water Supply: Individual (✓) Public ( )

Installed by James Hudson

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-8-88

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