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 Michael L Trivette DATE 8/89 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION I77N R901 L Hiptrap L Carter R on next paved Rd L Trevette Cross Hunting Creek Drive past 2nd ___ on Left

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

Log

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

No. Bedrooms 2 No. Bathrooms 2

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 Prov. Suitable

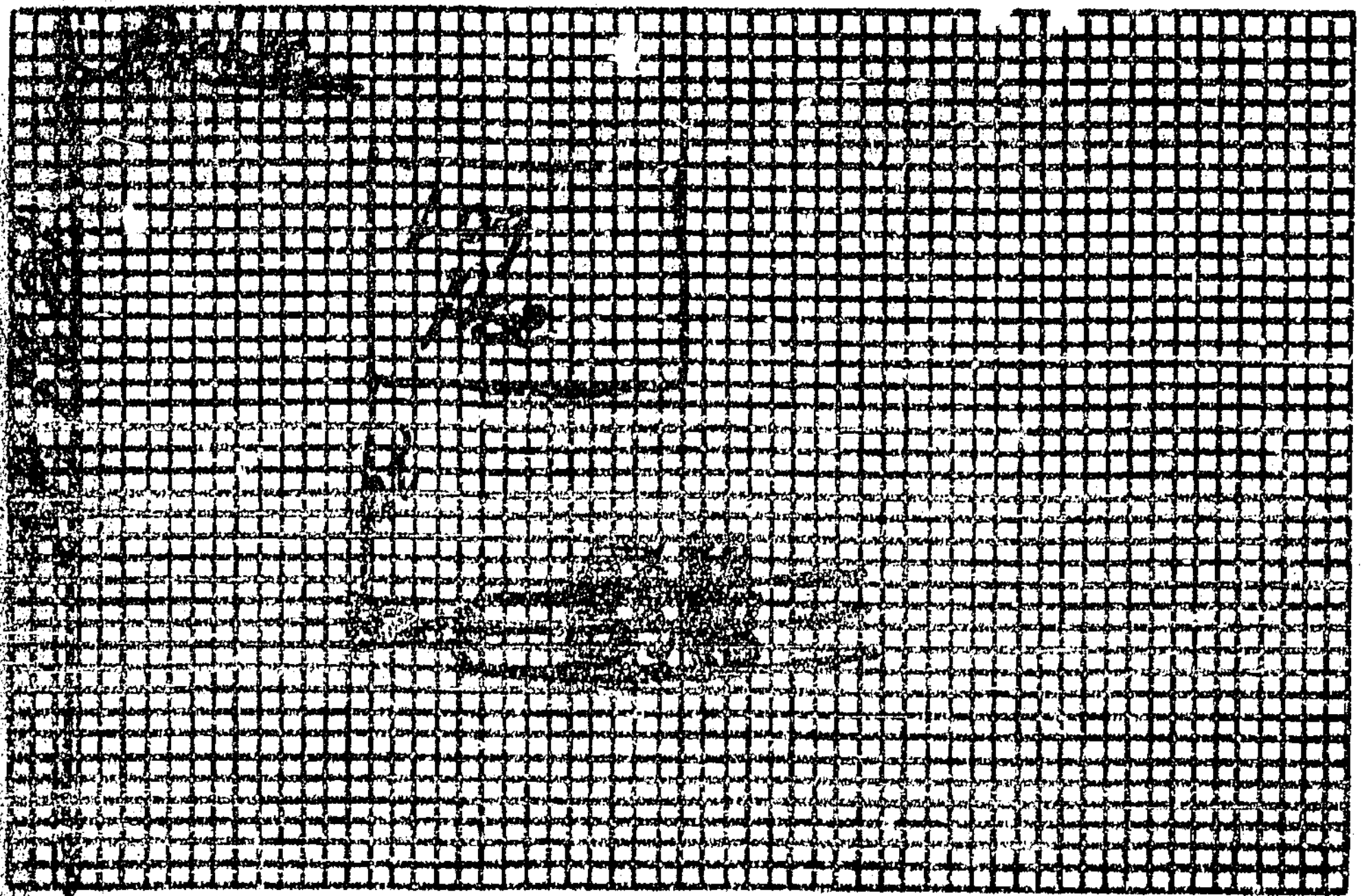
Percolation Rate ______

Topography 2 to 10%

Depth to Water Table 10 ft

Rock or other impervious formations Rocky

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1000 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 Al Backhoe

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

Signed: ______

IMPROVEMENTS PERMIT BY O Glenn Fox

COMMENTS: ______

CERTIFICATE OF COMPLETION BY [illegible] DATE 8/89

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