IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

9848 OWNER OR CONTRACTOR Yadkin Valley Telephone DATE 6/15 PERMIT NO. [illegible]

PHONE: Business _____ Home _____

LOCATION NW of St 901 Telephone Exchange on left S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

House ( ) Mobile Home ( ) Business ( ) Other 2-3 Employees

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Loam Suitable

Percolation Rate 2 in/hr

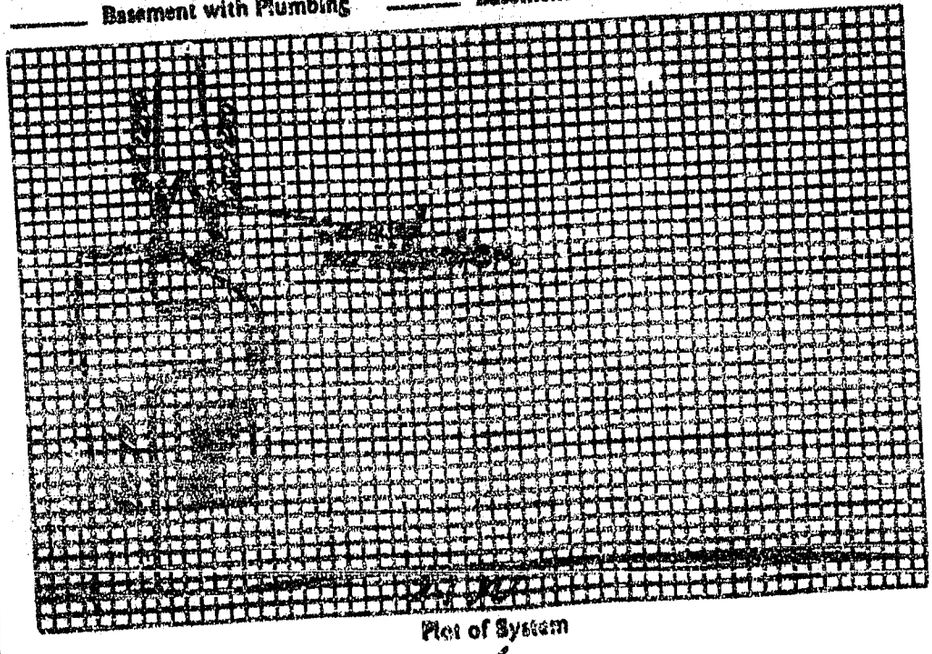
Topography Level

Depth to Water Table 12"

Rock or other impervious formations None

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 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by HB Salmons & Sons

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

Signed: Dale Salmons

IMPROVEMENTS PERMIT BY Dillman

COMMENTS: 50' from was not put in according to layout but was okayed to accomodate one of electrical gravities systems as could be their construction Engineer. Drake Lee. Tank to be left out by Long with its contractor responsible for any damage.

CERTIFICATE OF COMPLETION BY Dillman DATE 6/15

EXISTING SYSTEM CHECKED BY Pre-construction due to modification. 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