05020

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 Lucy Sayer DATE 10-29-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N Thru Harmony to Statesville Turn SR 1833 1st Down on left past Church S. R. No. 1633

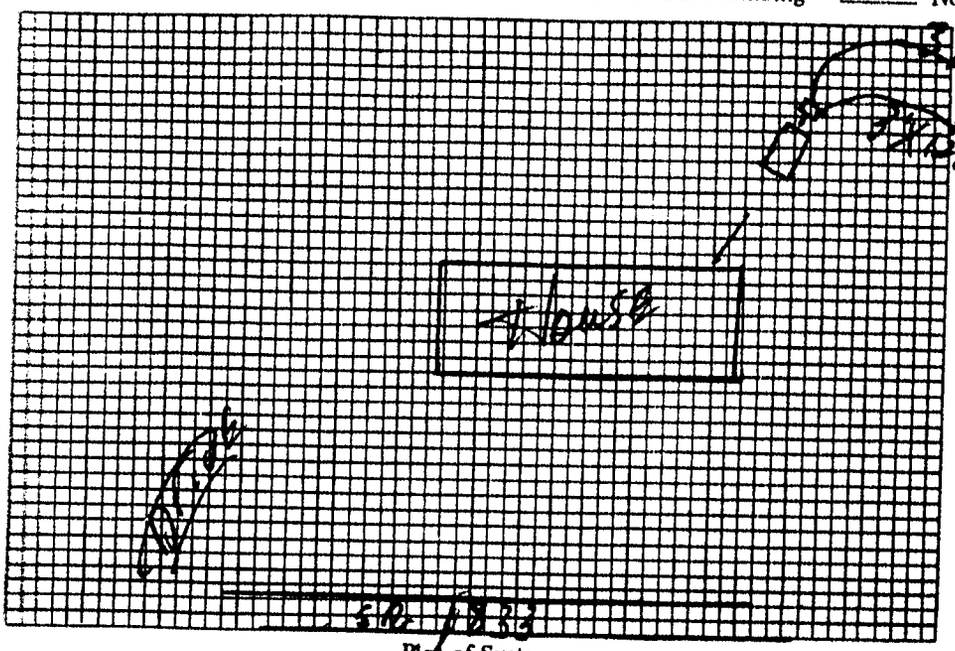
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	30 min per inch	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Rolling	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10' +	
Lot Area 69 Acres			Rock or other impervious formations	None	

(✓) 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 _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10/29/86

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