03822

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 Louella Anderson DATE 12/23/85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N Rt on 901, Lf on Sheffield, Lf on Butler Mill, 1 mile on Lf

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

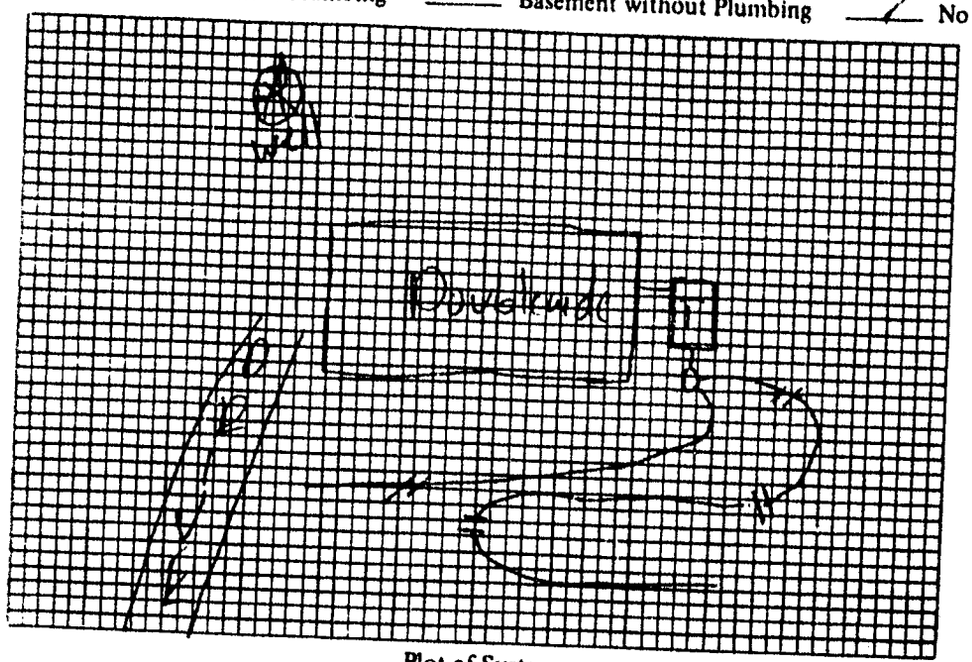
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area lack

Character & Porosity of Soil Prov Suitable
Percolation Rate 5 mpi/ft
Topography 2-6%
Depth to Water Table _____
Rock or other impervious formations Scattered Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12" +
Water Supply: Individual (✓)
Public ( )

Installed by Randy Rhodes (Davidson Co)

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox, Jr.

COMMENTS: Stepdowns necessary due to final grade of lot. Installers did a good job w/ dams, etc.

CERTIFICATE OF COMPLETION BY [signature] DATE 12/23/85

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