09953

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

DATE 12-82 PERMIT NO. B-4

OWNER OR CONTRACTOR Mike Lilley

PHONE: Business _____ Home _____

LOCATION 21 W to Dear Yadkin R. Turn Thompson Rd S. R. No. 2100
to approx 2 Mile Mobile Home on left in Wooded Lot

LOT NO. _____ SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

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

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable ✓

Lot Area adequate

Character & Porosity of Soil Clay Loam

Percolation Rate 45 min/inch

Topography Gently Sloping

Depth to Water Table 60"

Rock or other impervious formations Weathered Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

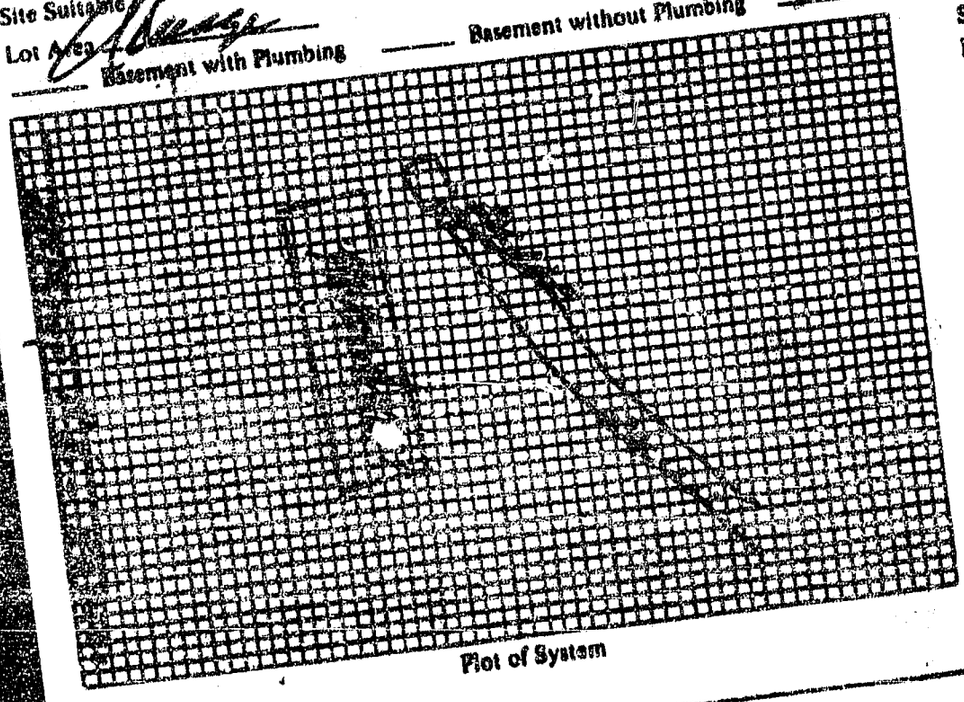
Nitrification Field:

No. of Lines 2

Sq. Ft. 700 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Wayne Pitt-Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 3-2-83

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