06034

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 Tony Wallace DATE 6-3-87 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION US 21 Through Harmony TR on Powell Rd TR Hamlet Rd Go to end TL on Rockey Springs 1st lot on R.S.

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Prov. Suitable

Percolation Rate 15

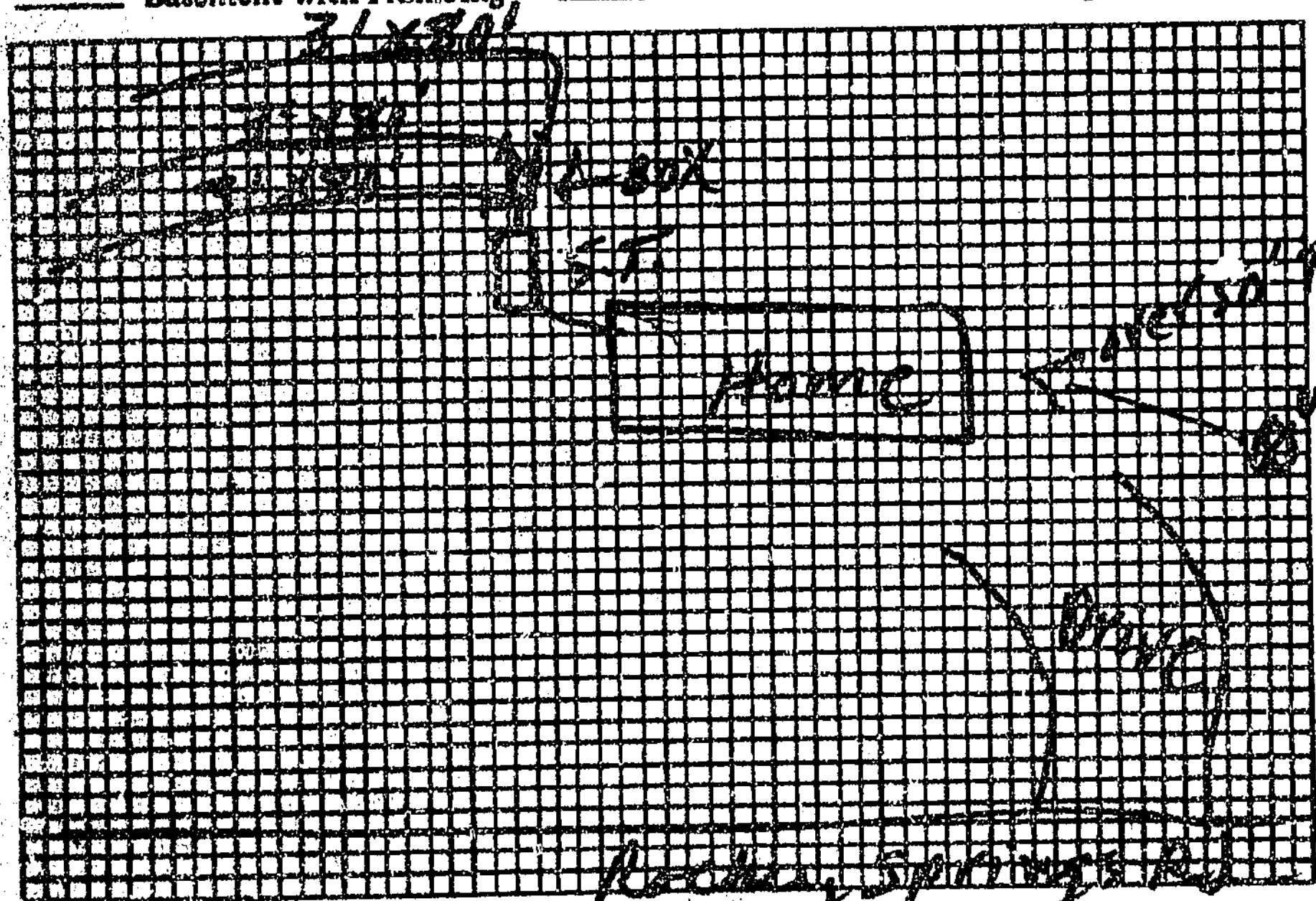
Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations None

Lot Area 2.0 acres

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Donald Lackey

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

Signed: ______

IMPROVEMENTS PERMIT BY Glenn Fox Jr.

COMMENTS: ______

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 6-3-87

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