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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 Larry E. Haynes DATE 2-22-85 PERMIT NO. 49 ⁵⁰

PHONE: Business _____ Home _____

LOCATION 150 W 7th Street, Across from AppleHouse B/R. At forks 13 mile ONR S. R. No. _____SUBDIVISION NAME Spring Acres LOT NO. 8 SECTION OR BLOCK NO. _____House ☒ Mobile Home () Business () Other _____No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil CLAYGarbage Disposal Unit Yes () No ☒ Percolation Rate 0.5 gph/ft dayAuto. Dishwasher Yes ☒ No () Topography 100' 15' 0"Auto. Wash. Machine Yes ☒ No () Depth to Water Table 4'Site Suitable Yes ☒ No () Rock or other impervious formations NONE obsLot Area 20,000 sq ftBasement with Plumbing _____ Basement without Plumbing ☒ No BasementSize of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4Sq. Ft. 660 Linear Ft. 220Depth of Stone in Lines 12"Water Supply: Individual ☒ Public ()Installed by Cline + Gilland

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred ChambersCOMMENTS: Added additional stone to upper line to compensate for shortage of drain line

CERTIFICATE OF COMPLETION BY Fred Chambers

EXISTING SYSTEM CHECKED BY: _____

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