39630

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12613 AT OF

OWNER OR CONTRACTOR LISA M. BURTON DATE 9-12-91 PERMIT NO. 8P-A-5

PHONE: Business _____ Home _____

LOCATION I 40 W, TR SHARON SCHOOL RD, ~ 1 MILE PAST SHARON SUPERMARKET ON (R) S. R. No. _____

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 ( )

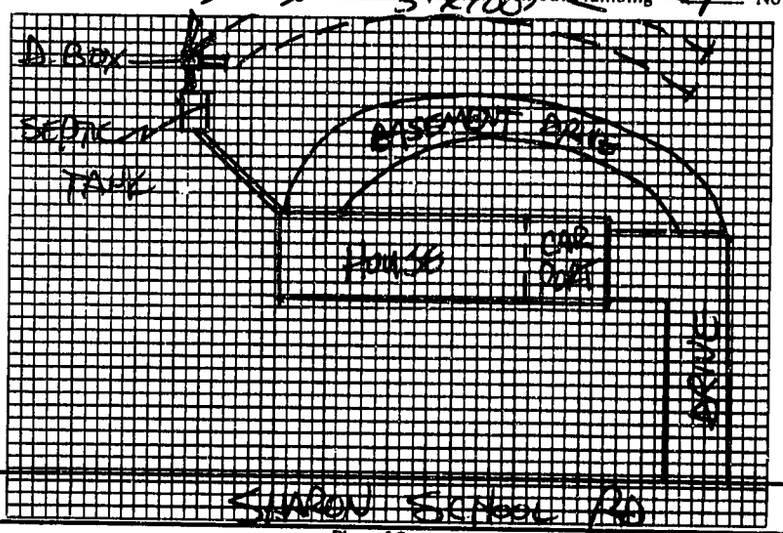
Lot Area 1.375AC

Character & Porosity of Soil PS
Percolation Rate .4 GPA / FT2
Topography 2-8%
Depth to Water Table > 4'
Rock or other impervious formations NONE

3 X 100'
3 X 100'
3 X 100'

(✓) Basement with Plumbing ( ) Basement without Plumbing (✓) No Basement

TP 6/24/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by TOMMY COTHREN

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 STEVE HEADRICK DATE 9/12/91

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