11805.

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 DONALD MARTIN DATE 11-16-90 PERMIT NO 8H-A-87

PHONE: Business _____ Home _____

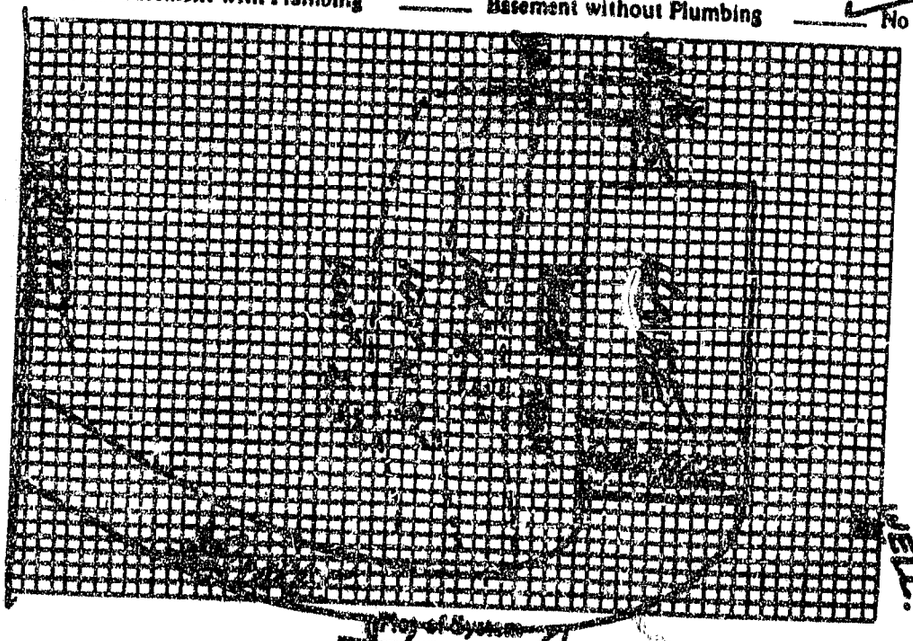
LOCATION From 21W-T.R. into Ashley Acres just before Stewart's Store - go Bellhaven approx 1/4 mile - take up 1st road. S. R. No. _____

SUBDIVISION NAME ASHLEY ACRES LOT NO. 20 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	Prev. Suitable
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	
Auto. Dishwasher	Yes (✓) No ( )	Topography	
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	18+
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	
Lot Area 4 acres			

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plan 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 Dennis Hollister

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 Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 11-16-90

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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