Repair

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 Claudette DeJong DATE 11/1/91 PERMIT NO. Repair

PHONE: Business _____ Home _____

LOCATION Barber Loop, 1100 TR on Chuckwood to end, (L) on Barber Lp. w 1/2 mile on (R) before road S. R. No. _____

SUBDIVISION NAME C L & T LOT NO. 92 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable ~~Yes~~ (✓) No ( )

Character & Porosity of Soil P - C - (sd, sbk)

Percolation Rate .4

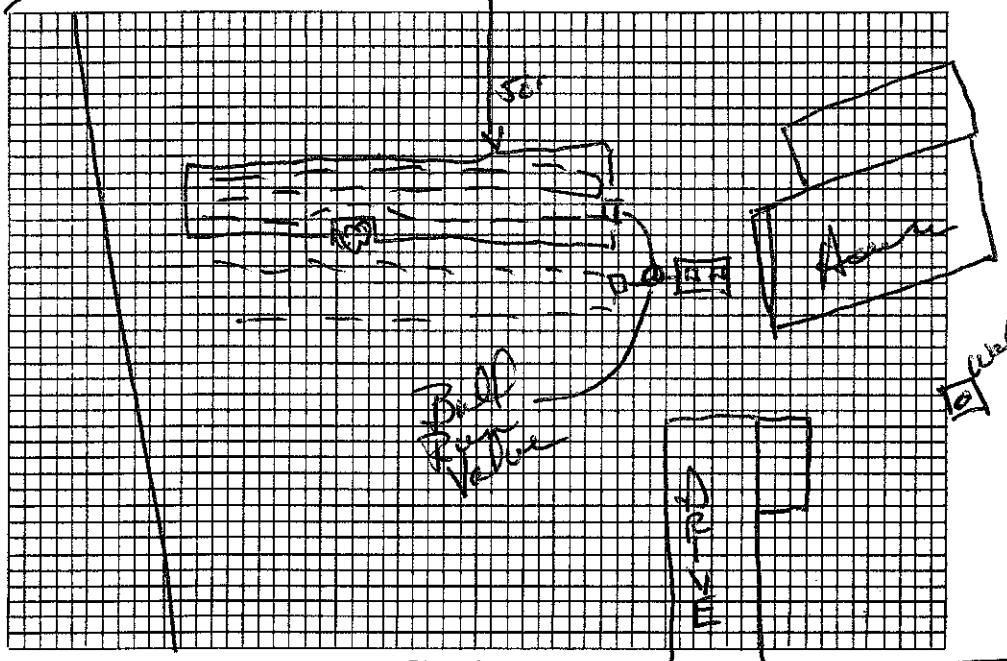
Topography 6-9%

Depth to Water Table >48"

Rock or other impervious formations none observed

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 9 & 50 Bed

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 14"

Water Supply: Individual (✓)

Public ( )

Installed by Wayne Orbinson

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

Signed: _____

→ To Chuckwood Rd.

IMPROVEMENTS PERMIT BY Barber Loop

COMMENTS: Bull Run Valve set to new drainfield / 5/T pumped out

CERTIFICATE OF COMPLETION BY Wesley Sparks DATE 11/1/91

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