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IREDELL COUNTY HEALTH DEPARTMENT

11407

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

OWNER OR CONTRACTOR Mark Martin DATE Nov. 16, '90 PERMIT NO. 20-1-A-183

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker) ~1 mile on Lft

S. R. No. _____

SUBDIVISION NAME Stonemarker LOT NO. 6 SECTION OR BLOCK NO. _____

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

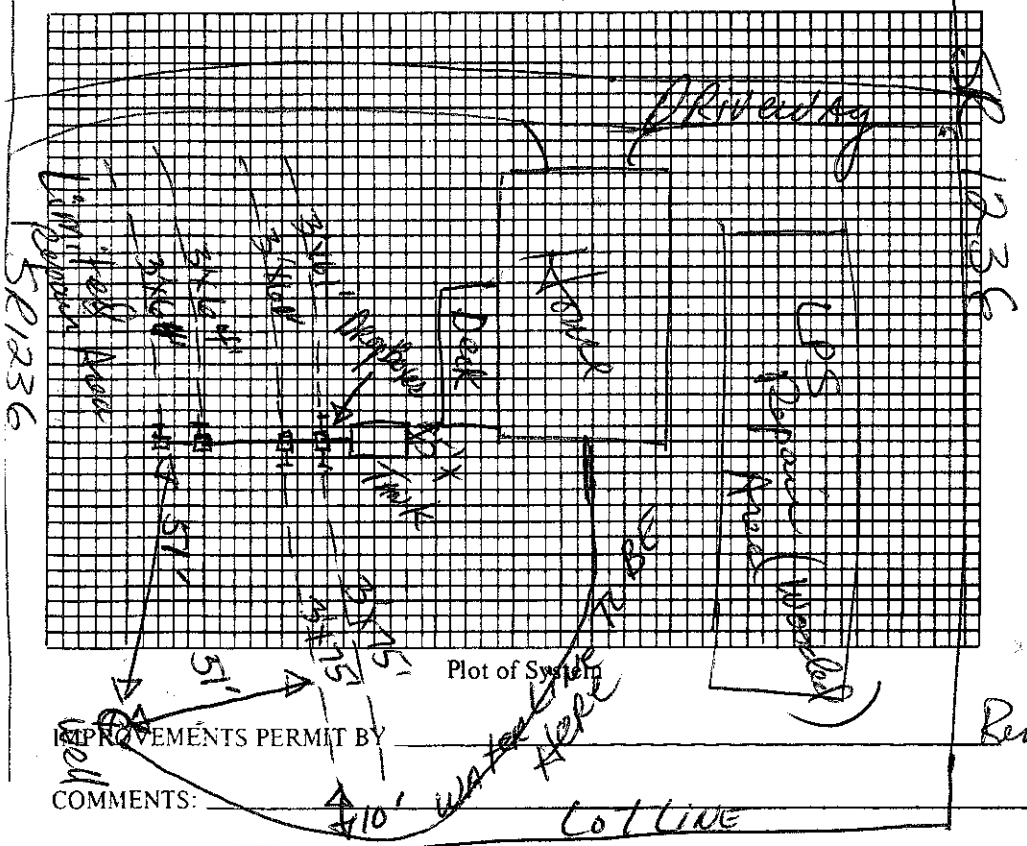
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil PS clay
Percolation Rate 63-4
Topography ~6%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

Lot Area 3/4 Ac+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Rowan Septic tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ Revised by DRH

COMMENTS: Water line to be routed around septic system (10'+) as shown.

CERTIFICATE OF COMPLETION BY DR Vinson, EHS DATE 11-16-90

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