9497

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 Billy Allen Turpin DATE 7/10/89 ~~PERMIT NO.~~ 203

PHONE: Business _____ Home 394-9247

LOCATION 1100 TR Chuckwood TR at end on Indian Loop
On left ~ 1 mile. S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 167 1 SECTION OR BLOCK NO. 7

Tax#: Davidson 2F-1-A-35

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

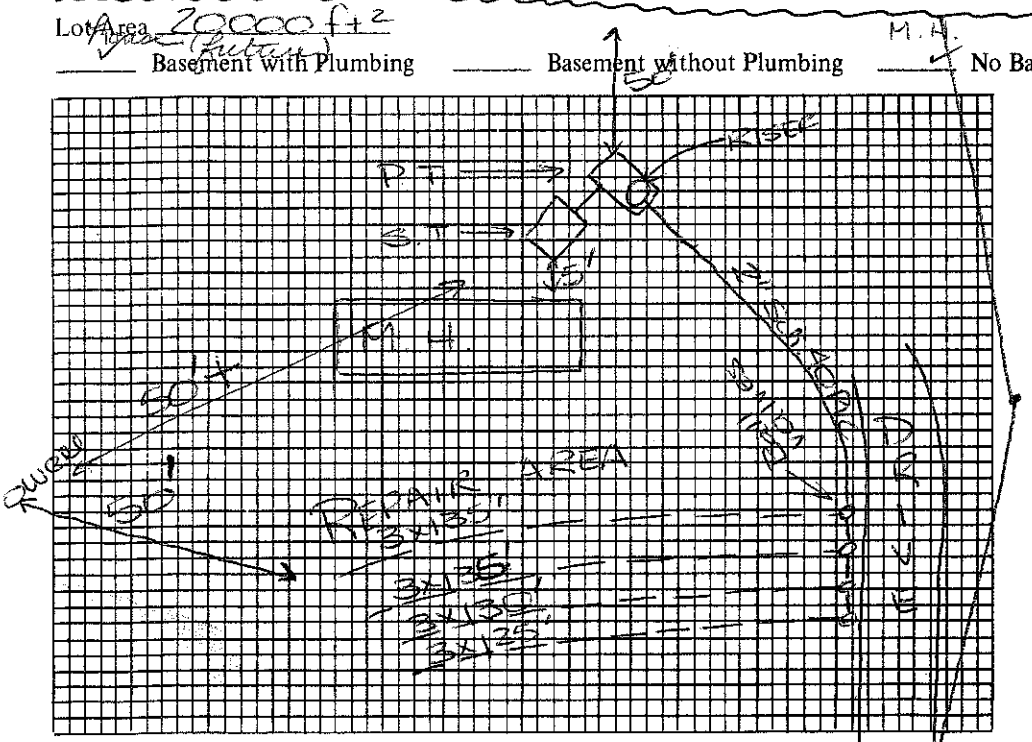
No. Bedrooms future 4 No. Bathrooms future 3

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

Character & Porosity of Soil Clay
Percolation Rate .3gpd/ft²
Topography 10-20%
Depth to Water Table 4'+
Rock or other impervious formations Surface rock @ drainfield

Lot Area 20000 ft² (House future)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement PT: 1500



Plot of System NOT TO SCALE

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1575 Linear Ft. 525
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by E.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY ~~STREET~~ Andre C Pierce, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C Pierce, R.S. DATE 7/10/89

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