7760

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 William Rollins DATE 12/17/87 PERMIT NO. _____

PHONE: Business _____ Home 664-0876

LOCATION 1100 TR Blume TL Beatenpath (Dogwood Dr) TL Beaten Path Pass Honeysuckle 3rd drive on R. S. R. No. _____

SUBDIVISION NAME C L & T LOT NO. 32 SECTION OR BLOCK NO. 9

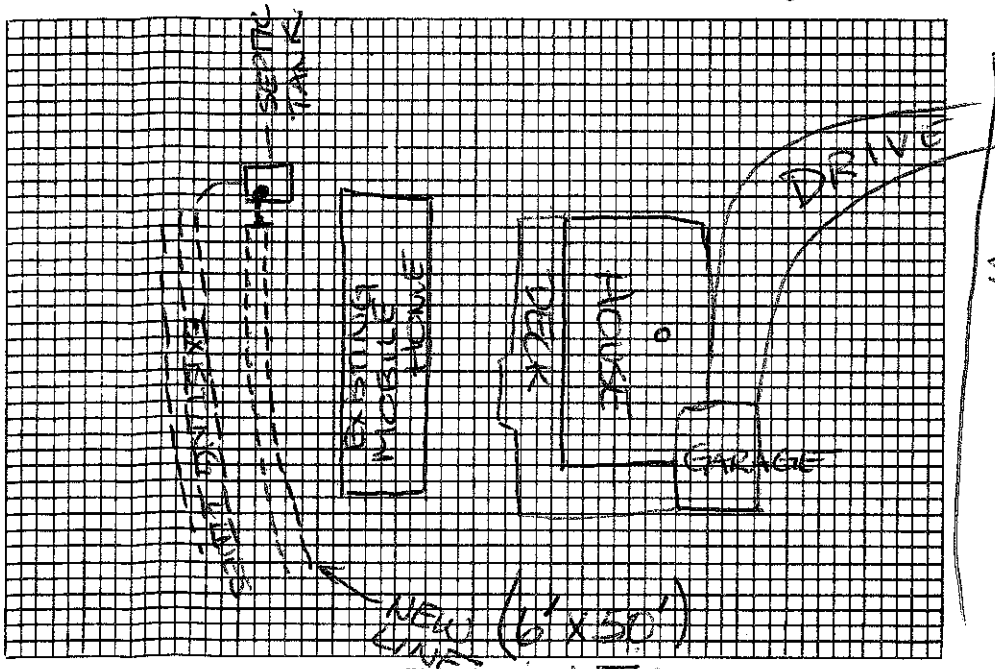
House (✓) Mobile Home ( ) Business ( ) Other REPAIR ADDITION

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	existing
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area .92 ACRE

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System N.T.S.

Size of Tank existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual (✓) BED 6'X50'

Public ( )

STREET

Installed by _____

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

Signed: William R Rollins

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: SET NEW TEE UNLESS ABLE TO USE EXISTING DISTRIBUTION DEVICE. RUN LINES ON CONTOUR AND MAINTAIN SHALLOW INSTALLATION. ~~INSTALLATION~~ ~30" to bottom of trench.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

Make 760' mark.