4627829443

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 Tony Ignasher DATE 6-26-86 PERMIT NO. 370

PHONE: Business _____ Home _____

LOCATION 1100 TR on Blume TL on Beaten Path ~1 ½ on R into curve

SUBDIVISION NAME L.N. LOT NO. 9 SECTION OR BLOCK NO. 56 Lot

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

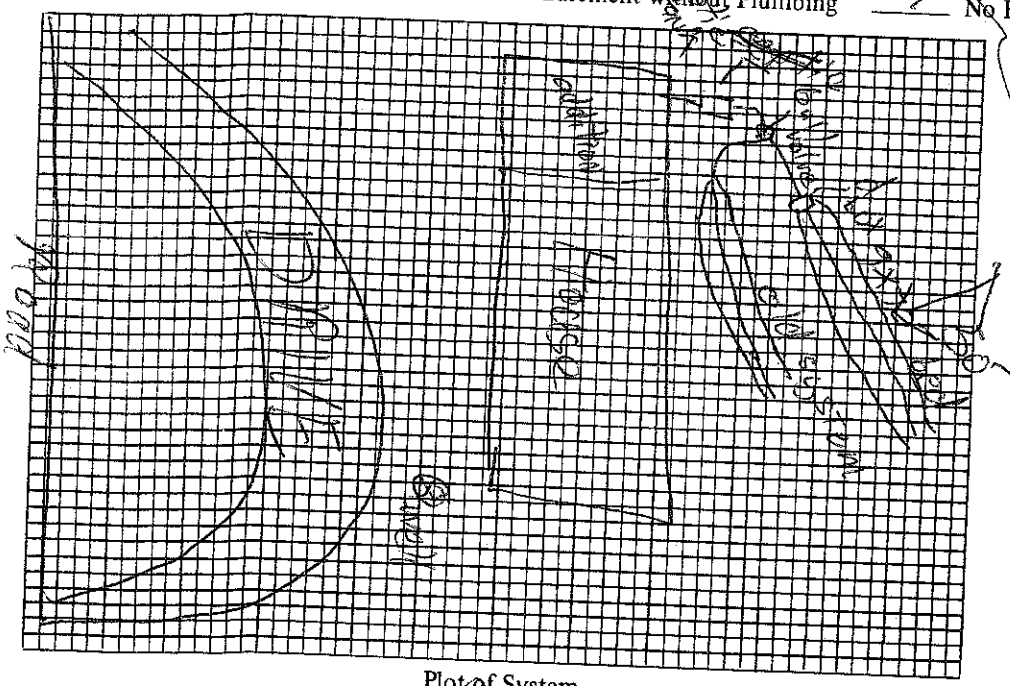
No. Bedrooms 4 No. Bathrooms 3

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

Lot Area Existing

Character & Porosity of Soil clay
Percolation Rate .3 gal/ft-2 days
Topography 2-6%
Depth to Water Table 41
Rock or other impervious formations none obs

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1300 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Bennett

COMMENTS: Alternate bed system every 6 months

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 6-26-86

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