13194.

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 RICHARD ACKERMAN DATE 9-30-91 PERMIT NO 31-11-A-90.

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off State Park Rd. - T.R. on 2nd st. (Sea Kirk Dr.) go to very end down on Lake.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

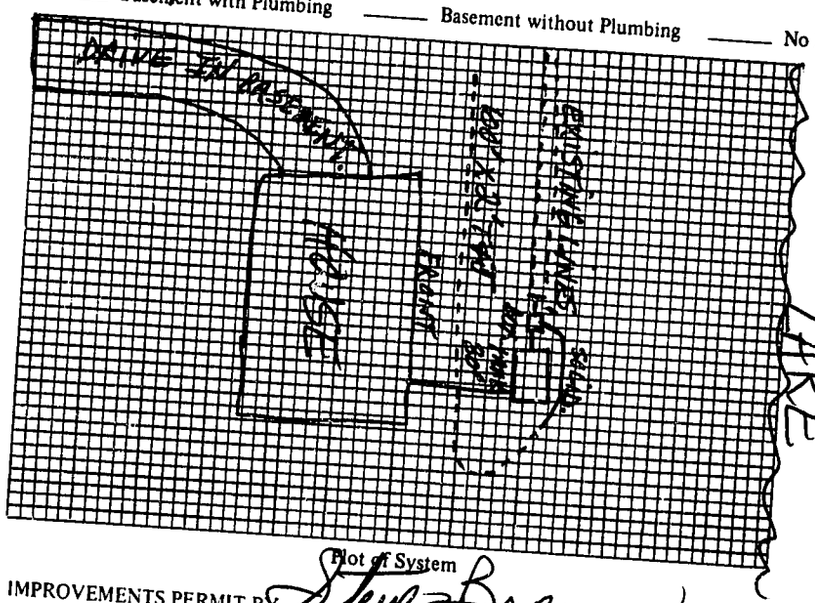
SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition to existing S.T. system.

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prof. Suitable.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 4 gal/sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 18"
Lot Area Ample.			Rock or other impervious formations none observed.

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 200 Linear Ft. 100

Depth of Stone in Lines 6" SAND UNDER PANELS,

Water Supply: Individual (✓) Public ( )

16" T+T PANEL SYSTEM.

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Tie into existing tank - set a dist. box or flow divider. Keep existing lines intact.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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