4635 49 7782

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 Robert C. Monson DATE 3/17/89 ~~PERMIT NO.~~ 21C

PHONE: Business _____ Home _____

LOCATION 1100 TL Stutts TR Southwood Park TL Southwood Park. 3rd on R. S. R. No. _____

SUBDIVISION NAME Marina Vil. LOT NO. 19 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair Add°.

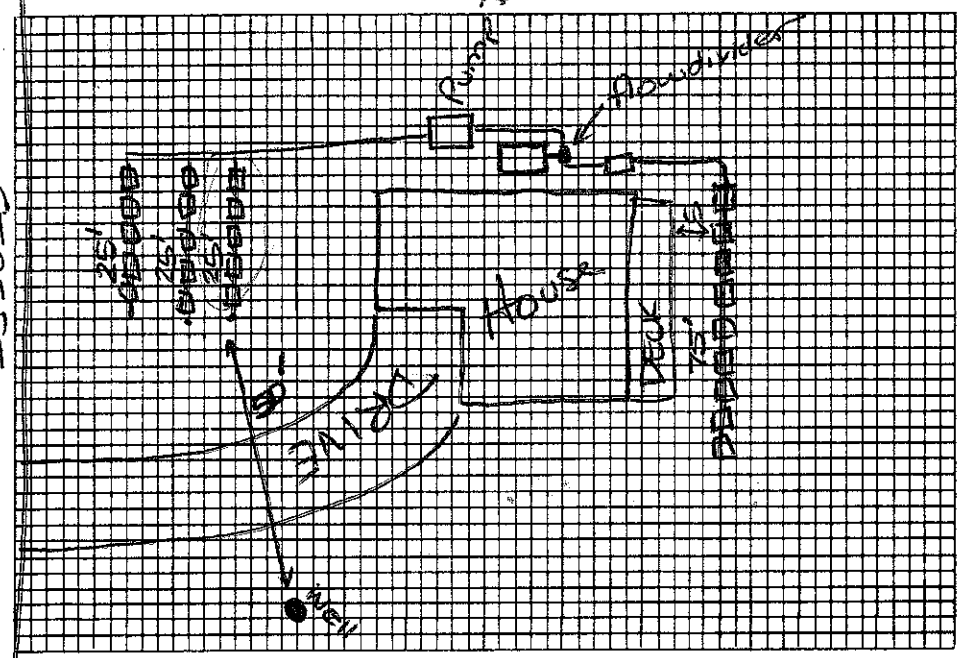
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area 20000

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Pump: 2
Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 75' of
Depth of Stone in Lines 16" T and J panels.
Water Supply: Individual ( )
Public ( )

Installed by Larry Hinkle Landscaping (GASTON)
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Andrea C Rice

COMMENTS: Removed 1 line for addition and replaced it up near street.

CERTIFICATE OF COMPLETION BY Andrea C Rice DATE 3/17/89

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