4635-57-1192

10984

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 Matsey DATE Sept. 7, '90 PERMIT NO. 26-14-A-14

PHONE: Business ______ Home ______

LOCATION 1100 TR 1112 (State Rd.) at end Bear Right on Shoreline Dr. ~ 1/2 mile on left S. R. No. ______

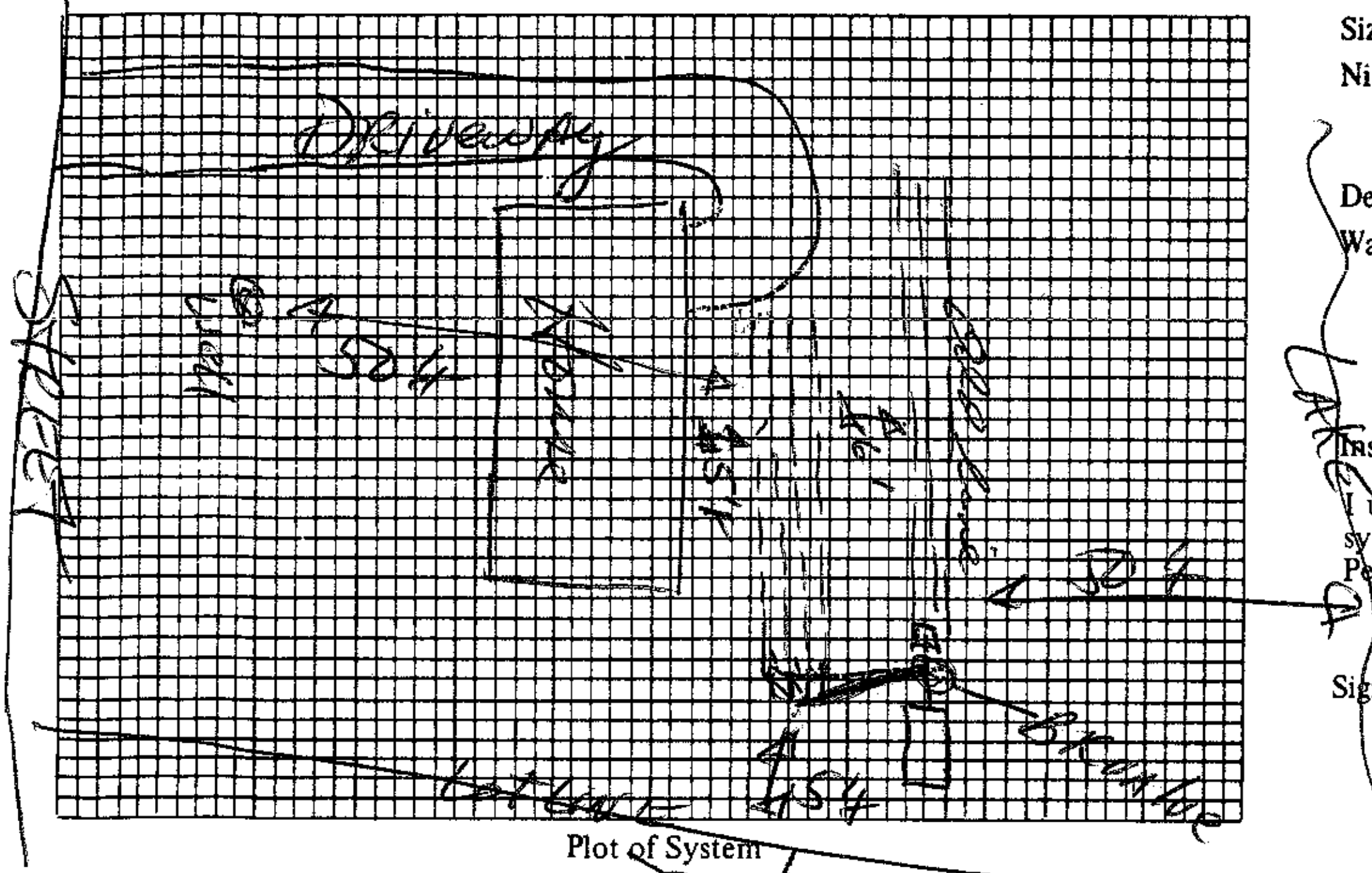
SUBDIVISION NAME Imperial Point LOT NO. 4 SECTION OR BLOCK NO. ______

House (✓) Mobile Home ( ) Business ( ) Other Repair/Addn. Upgrading system for 3 bedroom

No. Bedrooms 3	No. Bathrooms 4			Character & Porosity of Soil	PS. clay
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	[illegible] .4
Auto. Dishwasher	Yes (✓)	No ( )		Topography	~4%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	4'+
Site ~~Suitable~~ PS	Yes (✓)	No ( )		Rock or other impervious formations	none obs

Lot Area Existing

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: 9-12' wide Bed

No. of Lines

Sq. Ft. 780 Linear Ft. 260

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Levon Benton

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Layout of additional line had to be changed to a bed because of insufficient space due to driveway/garage entrance change.

DRHinson, EHS

CERTIFICATE OF COMPLETION BY DRHinson, EHS DATE 9-7-90

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