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 Mike Isenhour DATE Oct. 24 '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 11/2 TL 2nd 1212 (Commodore Loop) 3rd house on right

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

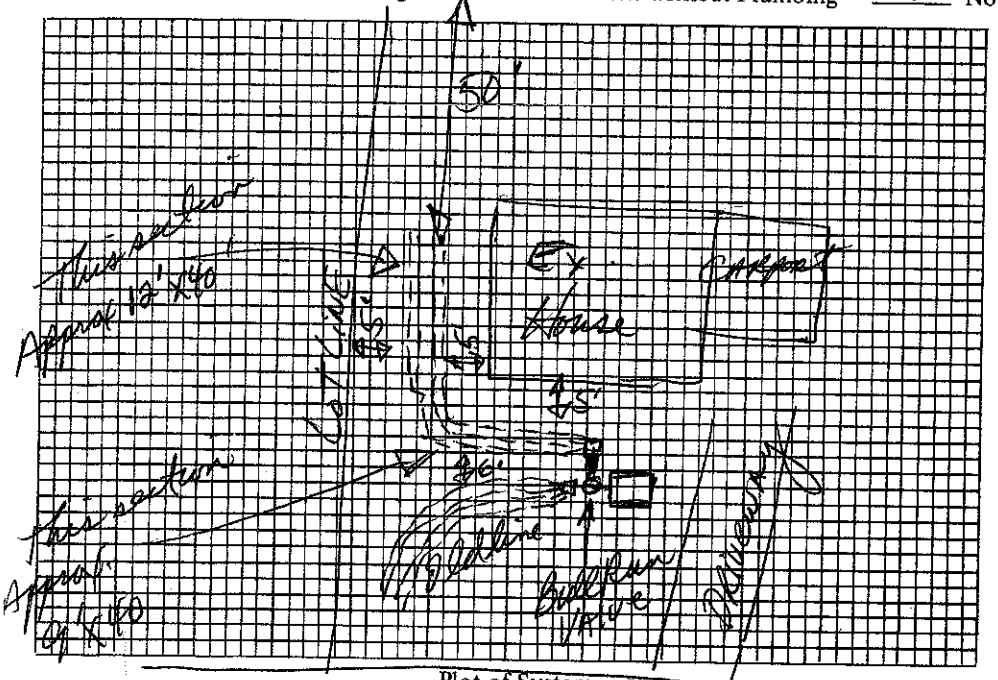
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area Existing

_____ Basement with Plumbing _____ Basement without ~~Plumbing~~ ✓ No Basement



Plot of System SR1212

Size of Tank Existing Gals.

Nitrification Field: 9' wide to 12' wide

No. of Lines Bed

Sq. Ft. ~~88~~ 40 Linear Ft. ~380

Depth of Stone in Lines 12" to 24"*

Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: * Mike Isenhour

* May use extra stone depth as owner can afford.

IMPROVEMENTS PERMIT BY M. Hunsucker, RS.

COMMENTS: Maintain 5' off lot lines and house and 6' between new and old drainfield. Start off 9' wide with new line and widen to 12' at side of house. May need step down at side of house where line is widened to 12'.

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