IREDELL COUNTY HEALTH DEPARTMENT 4636 573996

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robbie Davis DATE Sept-11-'91 PERMIT NO.

PHONE: Business Home

LOCATION 1100 ± 300' on Right past Ballard Head Entrance S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

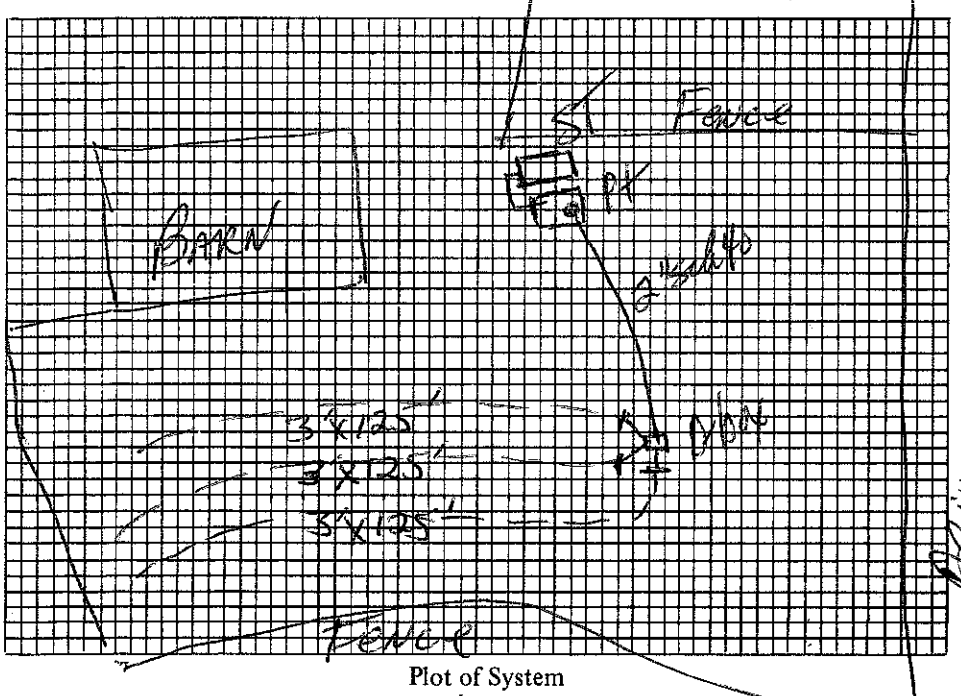
House (✓) Mobile Home ( ) Business ( ) Other Repair - pumped area of drainfield

No. Bedrooms ±3 No. Bathrooms ±2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	fs clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	±3
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-4%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	none obs.

Lot Area acreage → Separate System None

✓ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

1000 gal pump tank
Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1125 Linear Ft. 375
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Nelson Hathcock

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS:

CERTIFICATE OF COMPLETION BY DR Mason, RS DATE 9-11-91

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