00985

IREDELL COUNTY HEALTH DEPARTMENT

4636-73-9541

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bob Bain DATE 9/19/89 PERMIT NO. 2K-8-A-9

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TR Spring Run ~ 1/4 mile on Left

S. R. No. _____

SUBDIVISION NAME Spring Run LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey

Percolation Rate .3 gpd/ft²

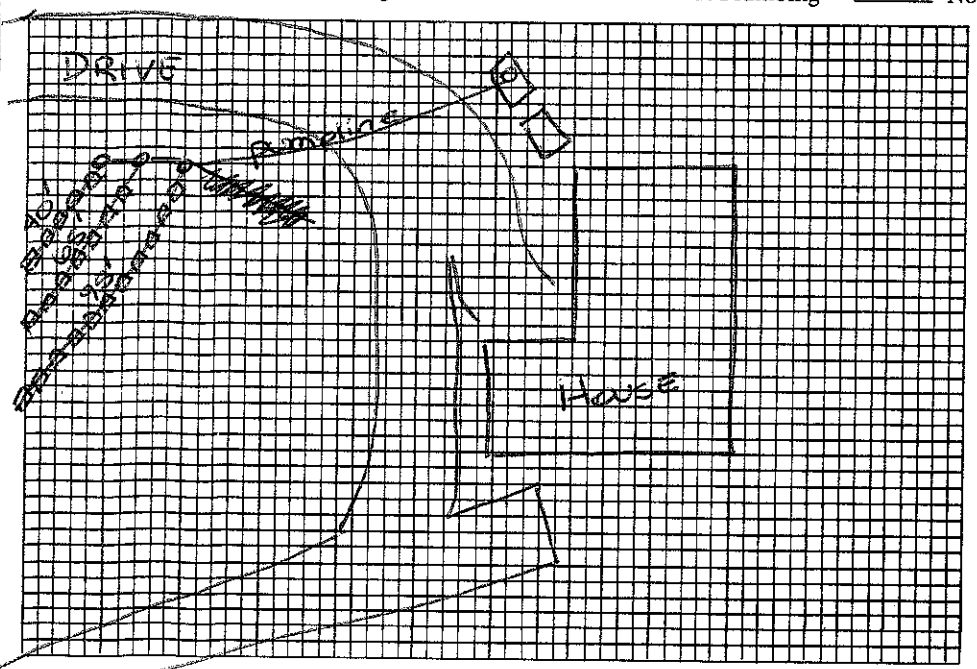
Topography Gdo

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area _____ sump pump for lower level plumbing.

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement Pump Tank: 1000 gal



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16" T and J panels.

Water Supply: Individual ( )

Public (✓)

Community

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Pierce, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 9/19/89

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