4637-45-8341

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 Marvin Gold DATE 9/29/89 PERMIT NO. 2P-3-A-5

PHONE: Business _____ Home 483-4049

LOCATION 150 TL Poolie TR Whipperwill On left ~ 1/4 mile. S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 5 SECTION OR BLOCK NO. _____

House (future ✓ present) 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 .3gpd/ft²

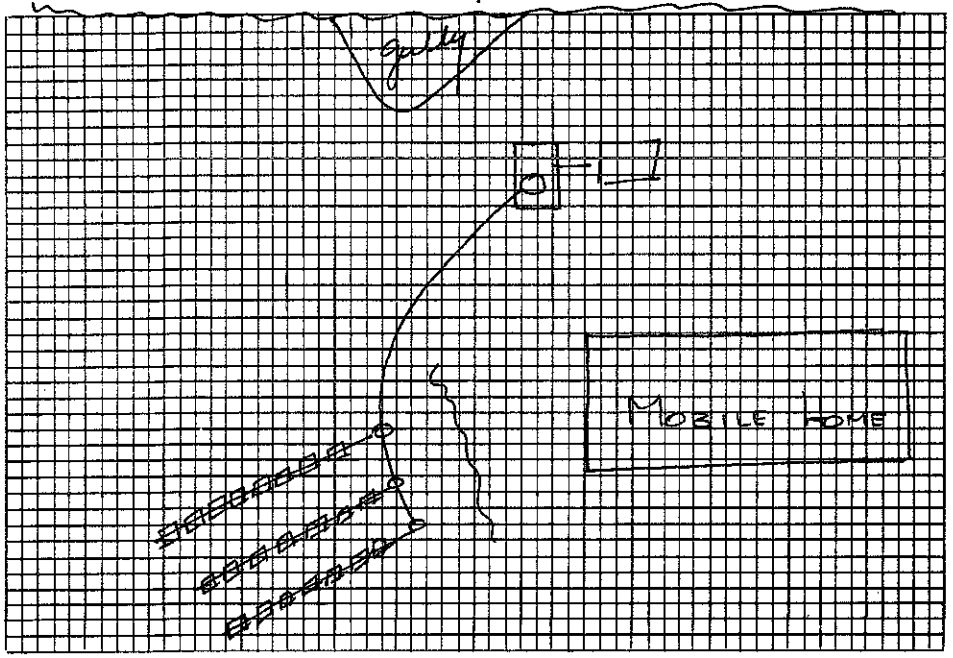
Topography 10%

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing present ✓ No Basement P.T. : 1000



Plot of System

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

Water Supply: Individual (✓) panels.

Public ( )

Installed by J R Bowler

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

Signed: _____

owell

IMPROVEMENTS PERMIT BY ACP, R.S.

COMMENTS: STREET

CERTIFICATE OF COMPLETION BY Andrew C. Price, R.S. DATE 9/29/89

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