9193

IREDELL COUNTY HEALTH DEPARTMENT

4638043789

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

OWNER OR CONTRACTOR Jack Cauble DATE 5/9/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR 1396 (Robinson Rd.) ~½ mile on left. S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 190 SECTION OR BLOCK NO. 11

House ( ) Mobile Home ( ) Business ( ) Other Repair - Addition

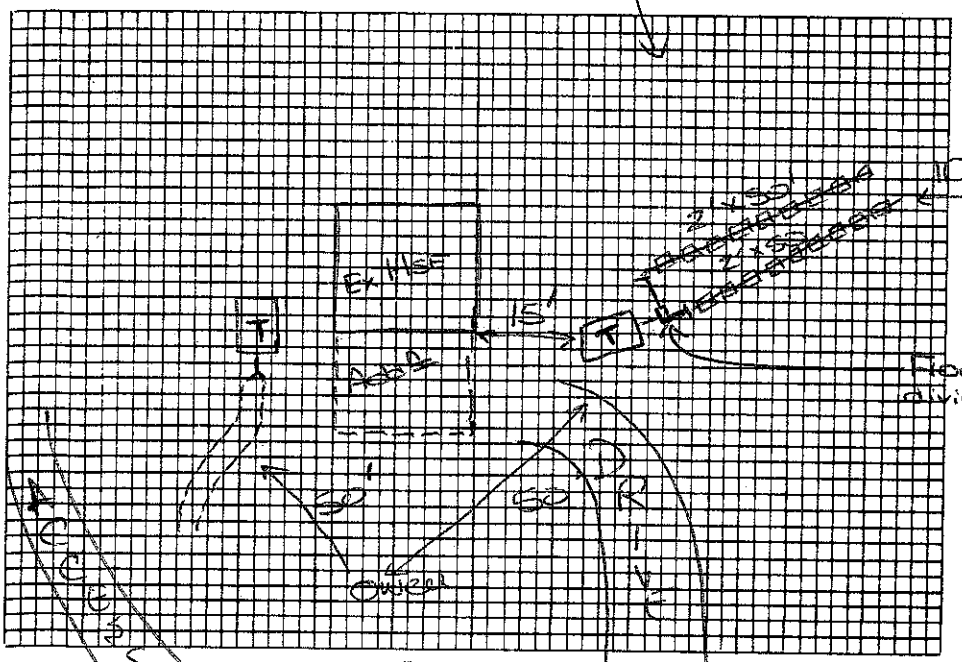
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. ~~200~~ Acp
Depth of Stone in Lines 100' of 16" T & J
Water Supply: Individual ( ) Public ( ) panels gravity flow

Installed by Wayne Arrowood

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 5/9/89

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