1862

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 Dallas Ray Robbins DATE 3/4/88 PERMIT NO. _____

PHONE: Business _____ Home 367-5113 AREA: 919

LOCATION 150 W TR Perth Rd. TL Fern Hill TL 2nd BROAD

SUBDIVISION NAME _____ LOT NO. 87 SECTION OR BLOCK NO. 15 S. R. No. _____

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

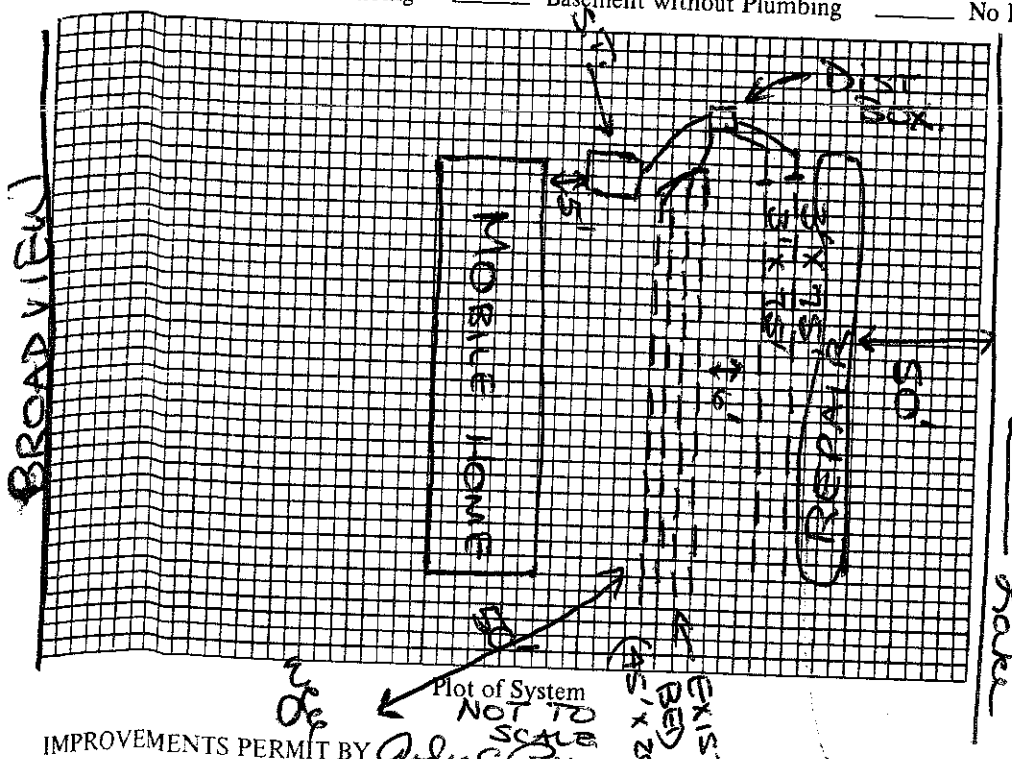
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area _____

Character & Porosity of Soil Clayey
Percolation Rate ~4
Topography ~~40%~~ 4%
Depth to Water Table ~~4'~~ 4'+
Rock or other impervious formations NONE OBSERVED

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150+
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Set new M.H. 5' away from tank (and lines) Run lines on contour (LEVEL and SHALLOW) 30" to bottom of ditch.

CERTIFICATE OF COMPLETION BY _____

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