PIN# 4638-11-6618

II

IREDELL COUNTY HEALTH DEPARTMENT

11603

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

OWNER OR CONTRACTOR Marvin Thomas DATE Oct. 4, 90 PERMIT NO. 2N-5-A-6

PHONE: Business _____ Home _____

LOCATION 150 W. SR 1396 (Robinson Rd.) TL Rustic Way Lane At END on Right S. R. No. _____

SUBDIVISION NAME EAST LAKE LOT NO. 6 SECTION OR BLOCK NO. _____

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

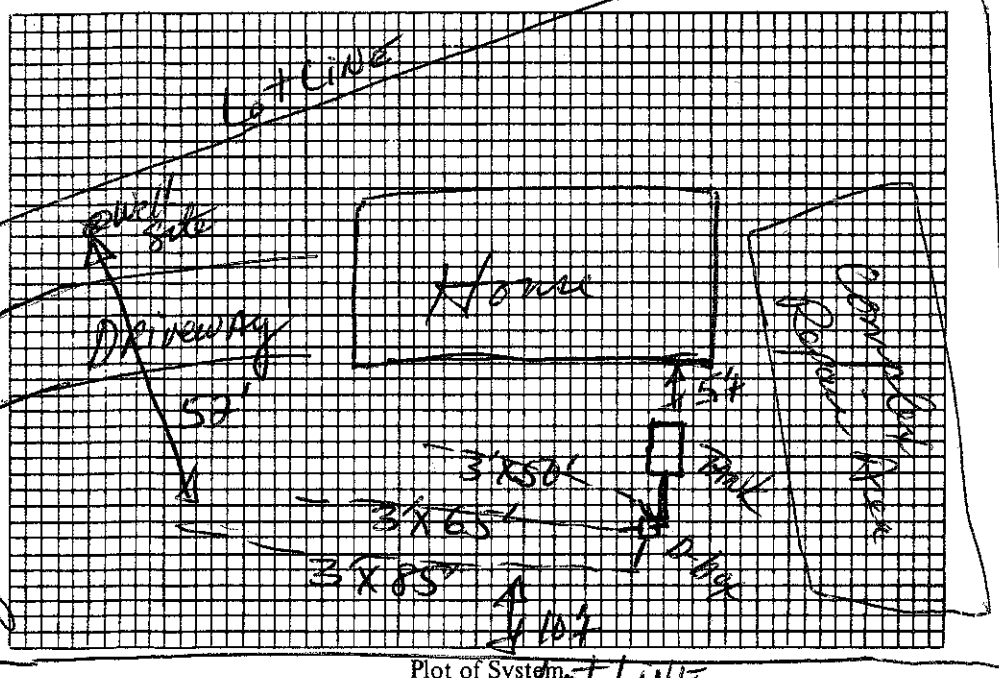
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil RS clay
Percolation Rate 2 in 4
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 20000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System LOT LINE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by BW Christenbury

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not installed

Plumbing to be raised to accomodate septic tank
Upper line deep on end.

CERTIFICATE OF COMPLETION BY DR Hunsucker, EHS DATE 10-4-90

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