9567

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 Jayne T. Graham DATE 6/6/89 PERMIT NO. 171

PHONE: Business _____ Home 669-6941

LOCATION 150 W. TR Robinson Road Approx. ¼ mile on Left

S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 1112 SECTION OR BLOCK NO. _____

Tax No.: Davidson ZN-1-A-217

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ~~( )~~ ACR No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000 ft²+

Character & Porosity of Soil Clayey

Percolation Rate 35 gpd/ft²

Topography 10% - 15%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement P.T. : ~~250~~ 1000

Size of Tank ~~250~~ 1000 Gals.

Nitrification Field:

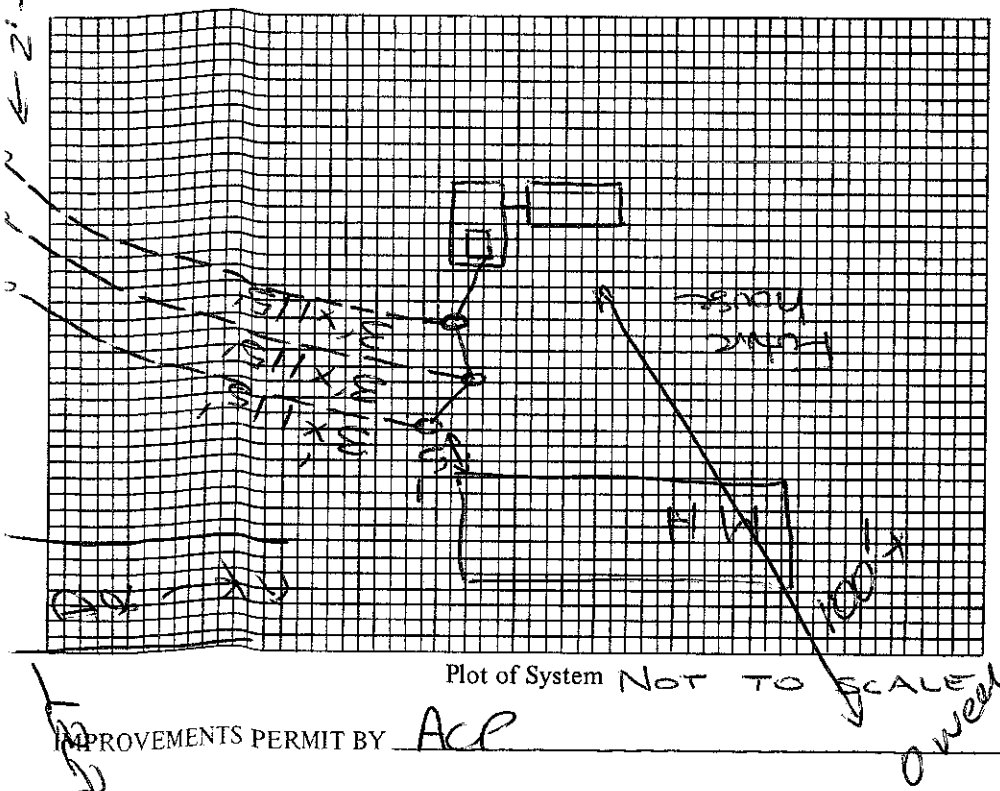
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System NOT TO SCALE

Installed by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Pierce, RS DATE 6/6/89

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