1100 - 200

0696?

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 J. T. Grady Petrea DATE 7-2-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W on Rt. just before jct. with Robinson Rd. (1396) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000+/-

Character & Porosity of Soil clay

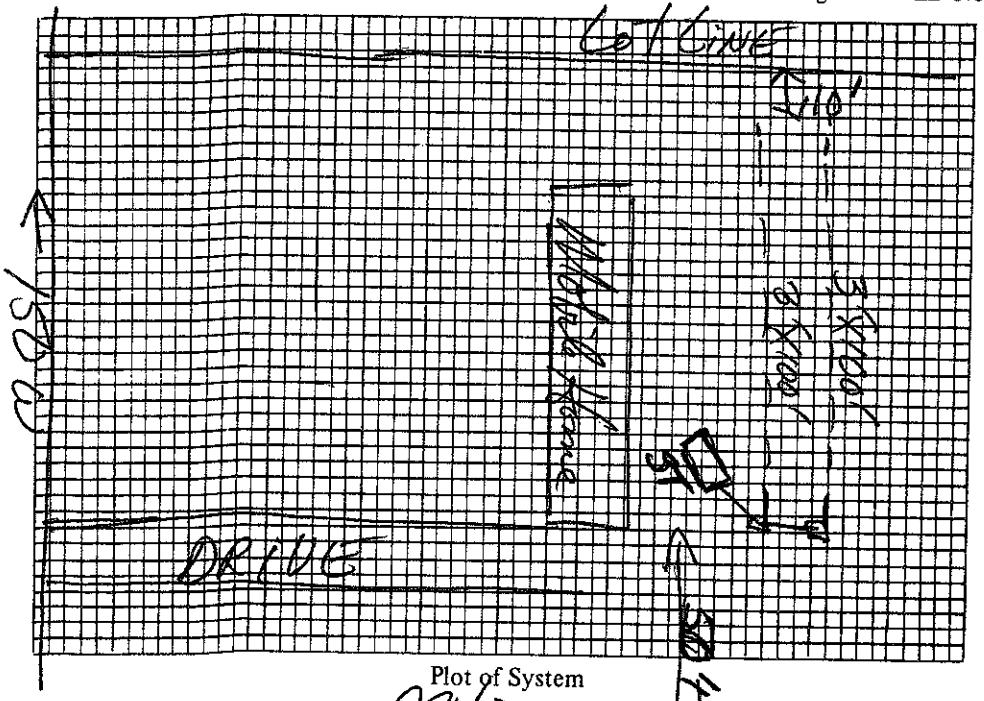
Percolation Rate 1"

Topography 2-8%

Depth to Water Table 4'+

Rock or other impervious formations some small scattered weathered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Well at house

Installed by _____

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

~~X~~ Signed: Carolyn C Petrea

IMPROVEMENTS PERMIT BY: R Hinson, RS.

COMMENTS: _____

Follow contour. Keep system shallow (12" cover). Use drop boxes to distribute effluent

CERTIFICATE OF COMPLETION BY _____ DATE _____

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