T535

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 Roberts L. Swiney DATE 10/23/87 PERMIT NO. _____

PHONE: Business _____ Home 663-7097

LOCATION 150 W. TR Robinson Rd. TR dirt Road. Near end T.L. on dirt road; 3rd MH. on R. S. R. No. _____

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

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

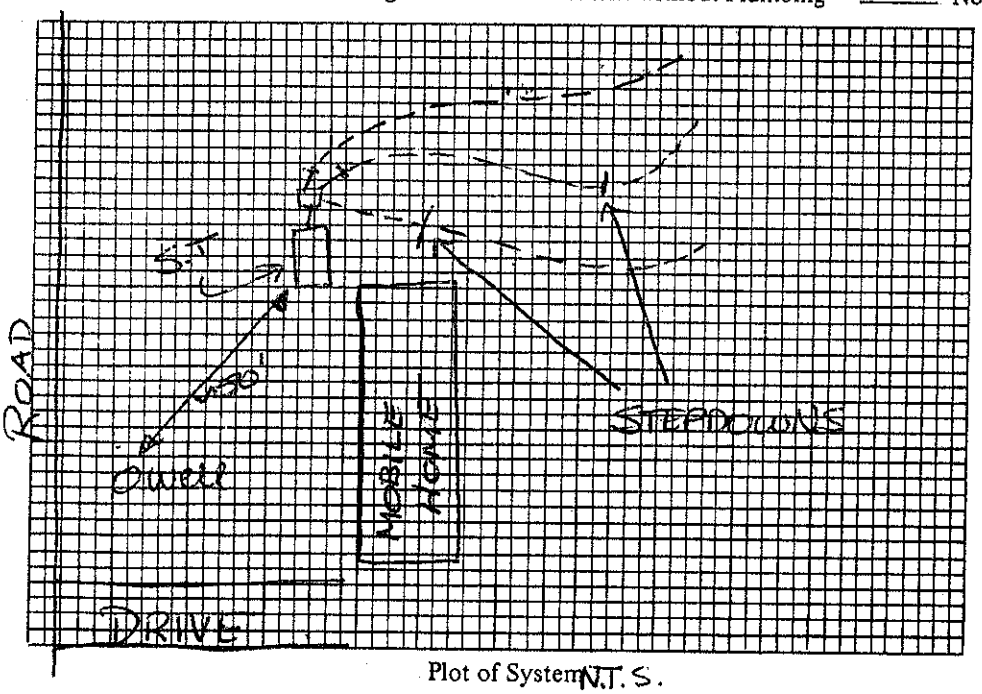
No. Bedrooms #2 No. Bathrooms 2

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

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

Lot Area ~3/4 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Robert L Swiney

IMPROVEMENTS PERMIT BY _____

COMMENTS: System functioning at this time. No sewage seen at this time.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andie C Pierce DATE 10/23/87

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