4638905943

PD# ?

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 Carl McBryde DATE Aug 14, '89 PERMIT NO. TAX MAP # 2P5A-7

PHONE: Business ______ Home ______

LOCATION 150W TR 1303 TR 1479 (Wilson Lake Rd.) ~ 1 mile on left S. R. No. ______

SUBDIVISION NAME CL+T LOT NO. 7 SECTION OR BLOCK NO. 11

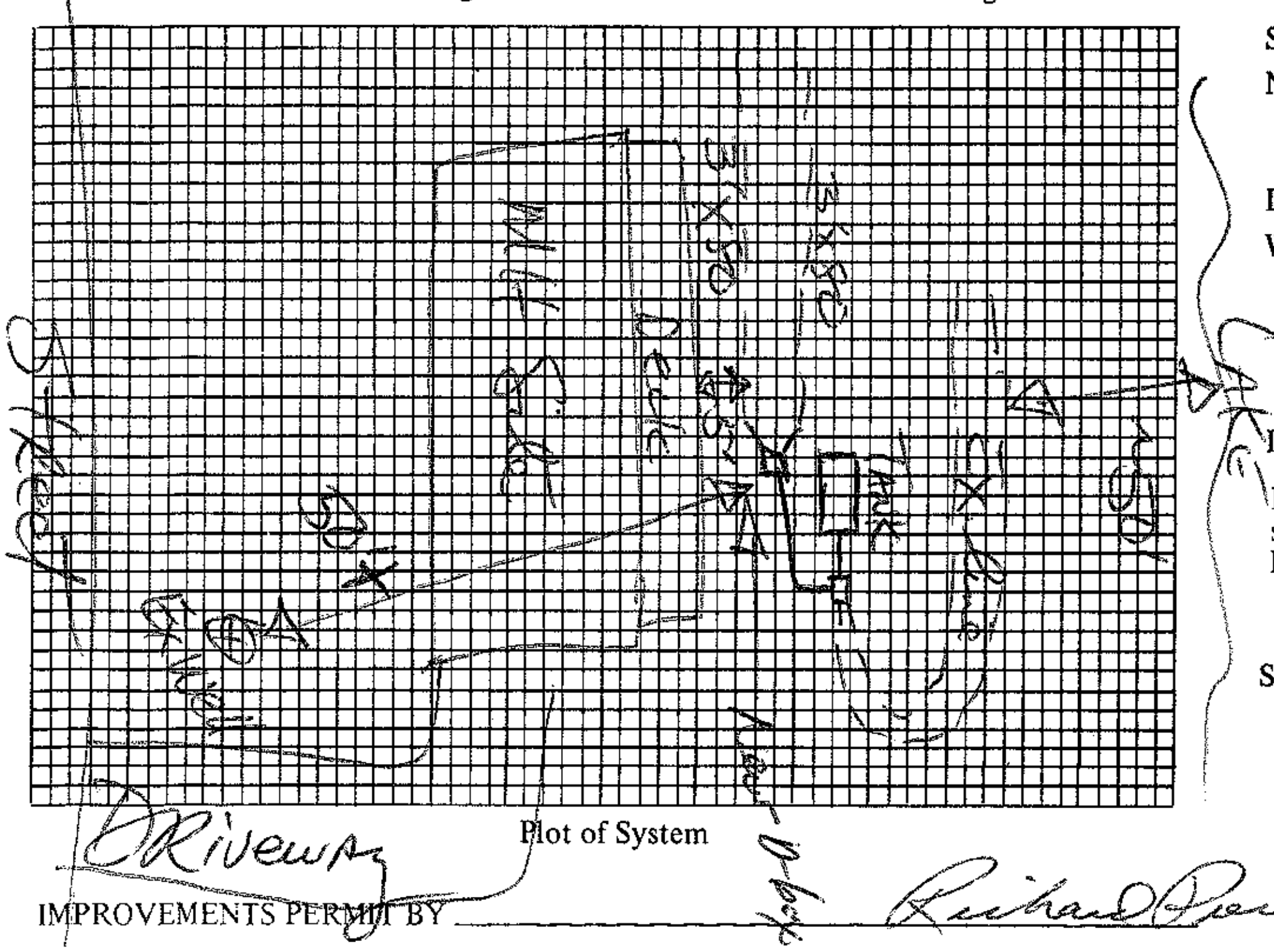
House ( ) Mobile Home (✓) Business ( ) Other Replacing single wide w/ double wide Repair - Addn

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area ~1/2 Ac

Character & Porosity of Soil clay
Percolation Rate ~.4
Topography 2-6%
Depth to Water Table 44
Rock or other impervious formations none obs.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2 + Ex line
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Larry Tucker

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

Signed: ______

IMPROVEMENTS PERMIT BY Richard Pierce

COMMENTS: ______

CERTIFICATE OF COMPLETION BY [signature], RS. DATE 8-14-89

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