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IREDELL COUNTY HEALTH DEPARTMENT

11635

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

OWNER OR CONTRACTOR Katharine D. Blank DATE June 20, '90 PERMIT NO. 24-B-35

PHONE: Business _____ Home _____

LOCATION 1.5 S. SR 1102 (Longtree) on Right next to Community Baptist Church S. R. No. _____

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

DW

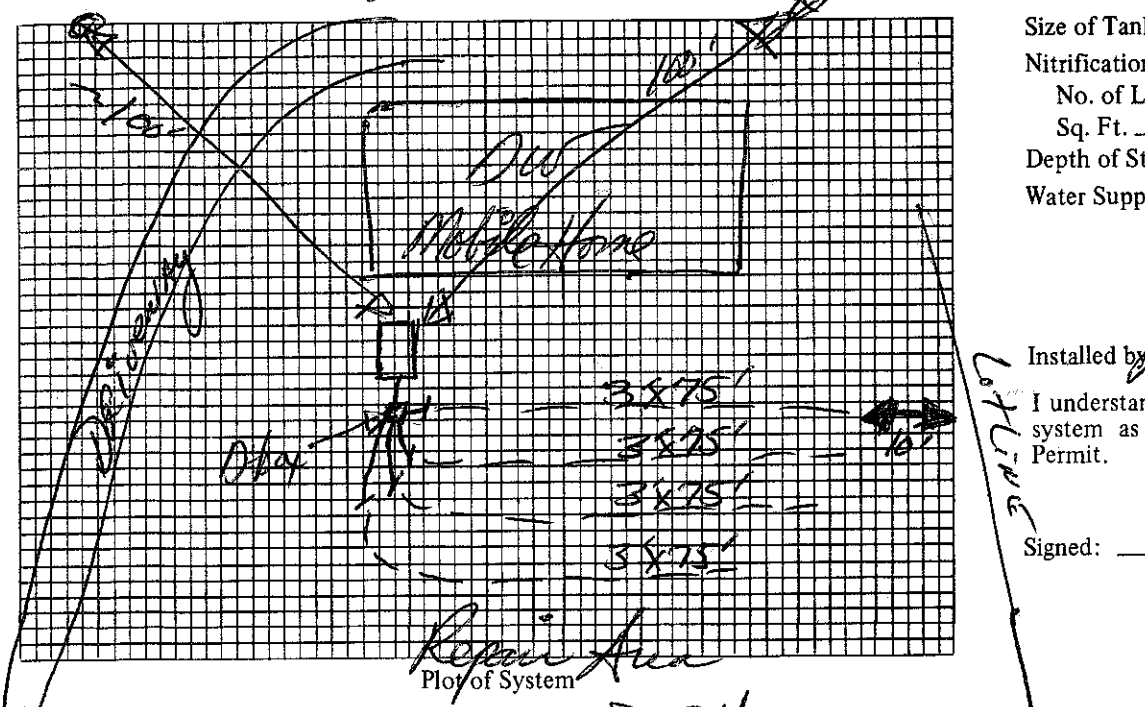
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	B clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Lv. 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Flat
Site Suitable PS	Yes (✓)	No ( )	Depth to Water Table	4ft
			Rock or other impervious formations	none obs.

Lot Area 1.5 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Jerry Tucker

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: SR 1102

CERTIFICATE OF COMPLETION BY DR Hinson, EHS DATE 6-20-90

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