IREDELL COUNTY HEALTH DEPARTMENT 4646-09-7868

11408

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

OWNER OR CONTRACTOR Markand Suzanne Merrill DATE Oct 1, '90 PERMIT NO. 2K-19-A-14

PHONE: Business _____ Home _____

LOCATION 1100 ft into Farmstead TR 2nd STREET on left S. R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 14 SECTION OR BLOCK NO. _____

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

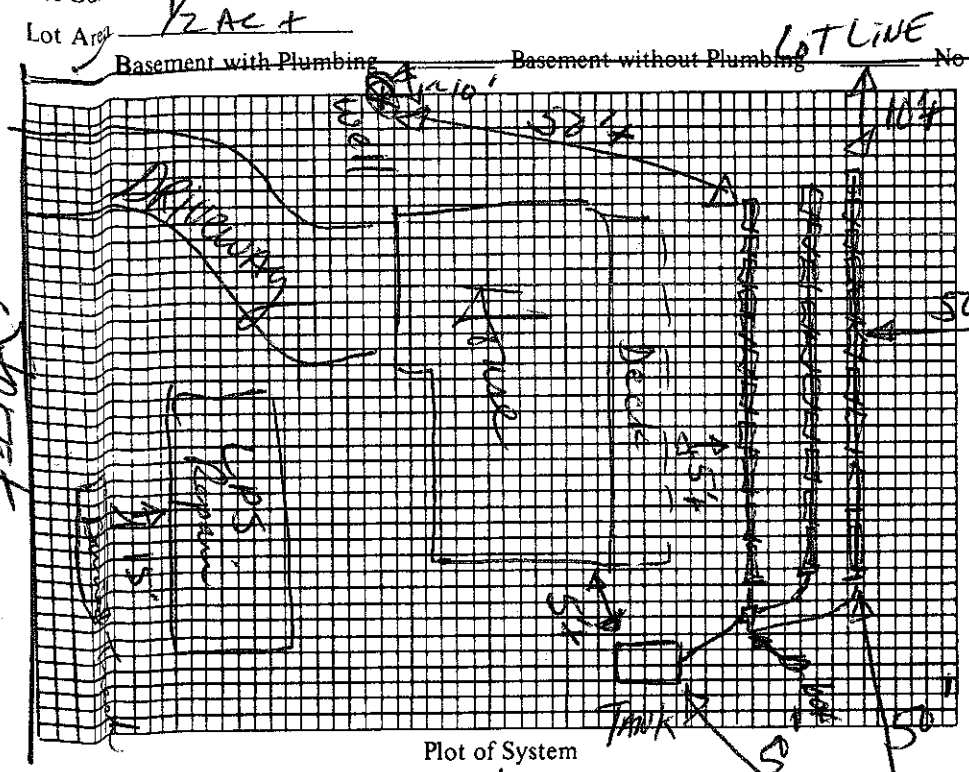
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil ps clay
Percolation Rate 3-4
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area ½ Ac +

~~Basement with Plumbing~~ ~~Basement without Plumbing~~ ~~No Basement~~



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200 ft
Depth of Stone in Lines 16" to 30"
Water Supply: Individual (✓) Public ( ) gravity flow

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson, EHS DATE 10-1-90

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