08342

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 Richard S. Sandin DATE Feb. 15, '89 PERMIT NO. 4646-09-8840

PHONE: Business _____ Home _____

LOCATION 1100 TL just before Farmstead Nursery in Farmstead Subdivision. Bear Rt 2nd St. on left S. R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 15 SECTION OR BLOCK NO. _____

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

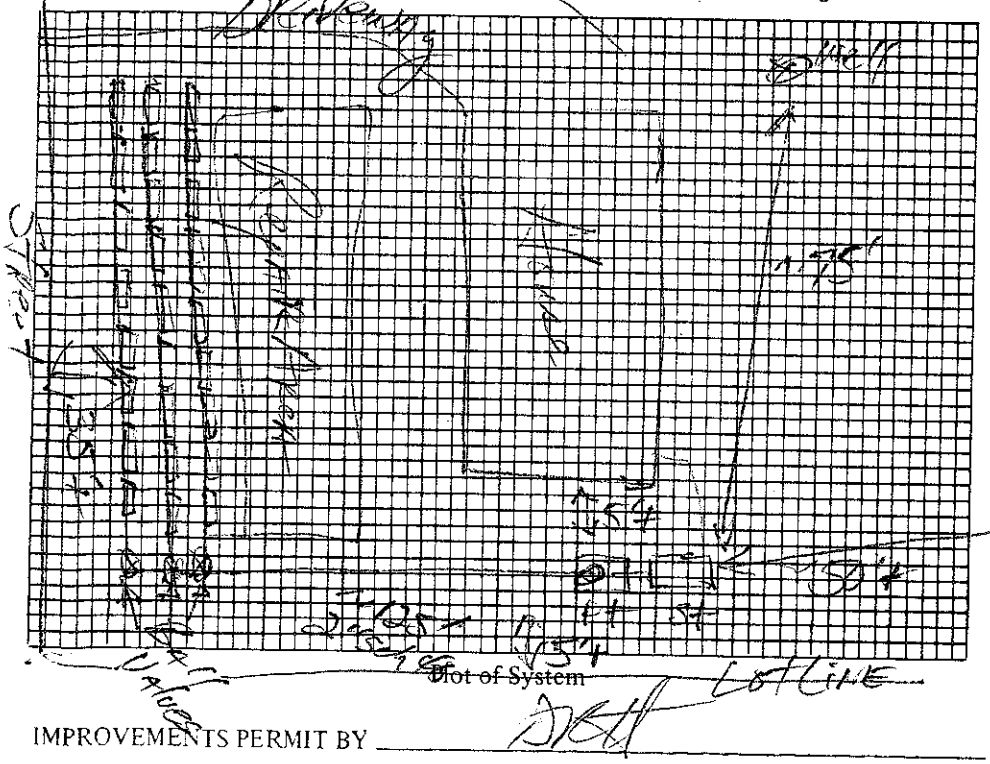
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ca 3/4ac

Character & Porosity of Soil Clay
Percolation Rate ca 3
Topography 2-8%
Depth to Water Table 4ft
Rock or other impervious formations more obs.

1250 p.t.

Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200 ea
Depth of Stone in Lines 16"

Water Supply: Individual (✓) panels
Public ( ) propane

Skinnie Lake

Installed by A J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE Feb. 15, 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