4646-23-2318

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 J. W. Brown DATE 4-18-84 PERMIT NO. 104

PHONE: Business _____ Home _____

LOCATION 1109 SR 1191 About 1.1 Mile ONR

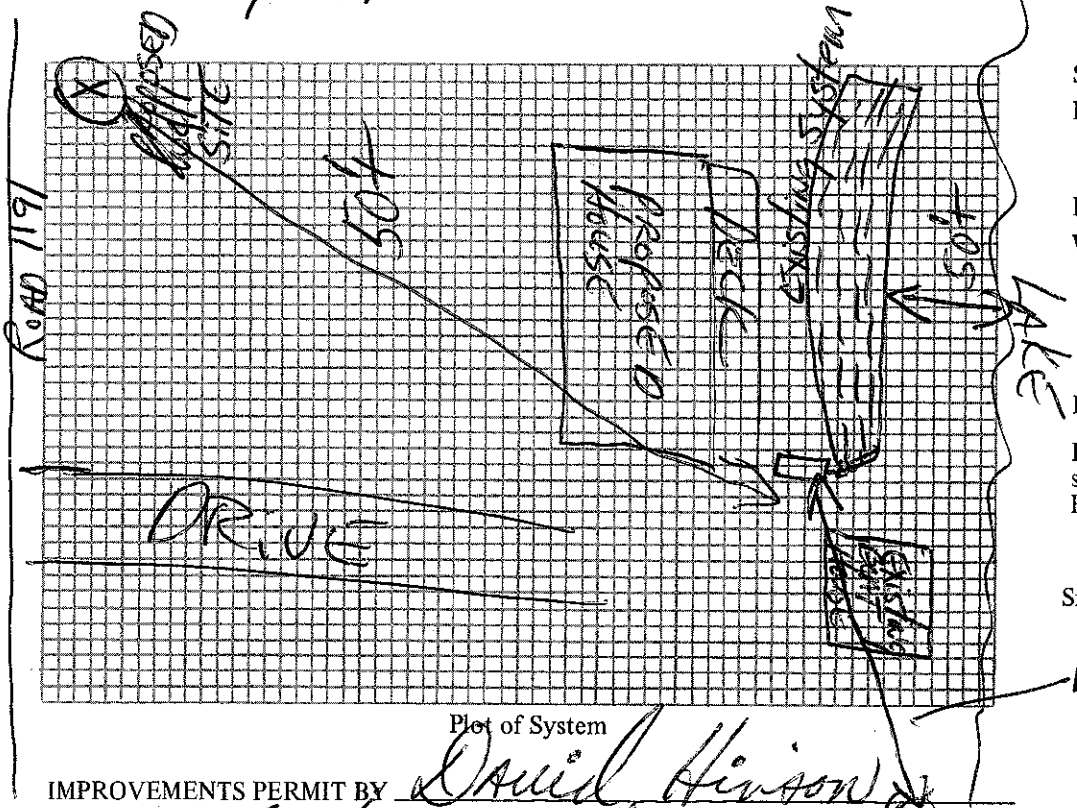
_____ S. R. No. _____

SUBDIVISION NAME Bonanza LOT NO. 29 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other _____ Existing System

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	~ 0.8 gal off today	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	4-6%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'+	
Lot Area ~20,000 Ft²			Rock or other impervious formations	None obs	



Plot of System

Existing
Size of Tank 1000 Gals.

Nitrification Field: Existing 4
No. of Lines 750 Linear Ft. 250
Sq. Ft. _____
Depth of Stone in Lines 16"

Water Supply: Individual (X)
Public ( )

6-25-82
Installed by Dellinger Grading

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: Existing system working OK At date of inspection Existing 1 bdrm house to have NO plumbing As per zoning ordinance

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-18-84

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