4646793276

# 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 Robert Boolin DATE 7-2-84 PERMIT NO. 211

PHONE: Business _____ Home _____

LOCATION 21 S TR Brawley School Rd 1100 TL X I 77 1196 ⅓ mile TR 1200 700 ft to ft Rd. S. R. No. _____

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

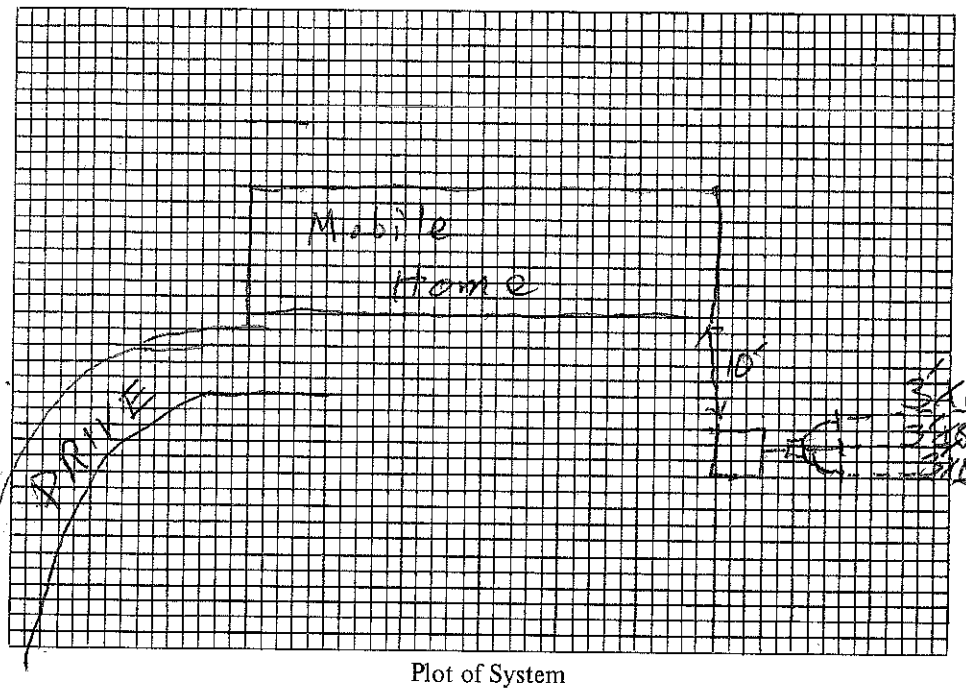
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (X) | |
| Auto. Dishwasher | Yes (X) | No ( ) | |
| Auto. Wash. Machine | Yes (X) | No ( ) | |
| Site Suitable | Yes (X) | No ( ) | |

Character & Porosity of Soil clay loam
Percolation Rate .3 gal/ft²/day
Topography L-G clay
Depth to Water Table 4
Rock or other impervious formations None ~~observ~~

Lot Area acreage




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Claudius Morrison

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett + Fred Clemmer DATE 7-2-84

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