1596

IREDELL COUNTY HEALTH DEPARTMENT

APP# 446-99-4949

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

OWNER OR CONTRACTOR Adam Sire

PHONE: Business _____ Home _____ DATE 9/10/90 PERMIT NO. ZT-11-A-

LOCATION 1100 TL Sunfish 3rd lot on left

SUBDIVISION NAME Clippers Run LOT NO. 31 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 4 No. Bathrooms _____

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil ps clay b/c @ 38"

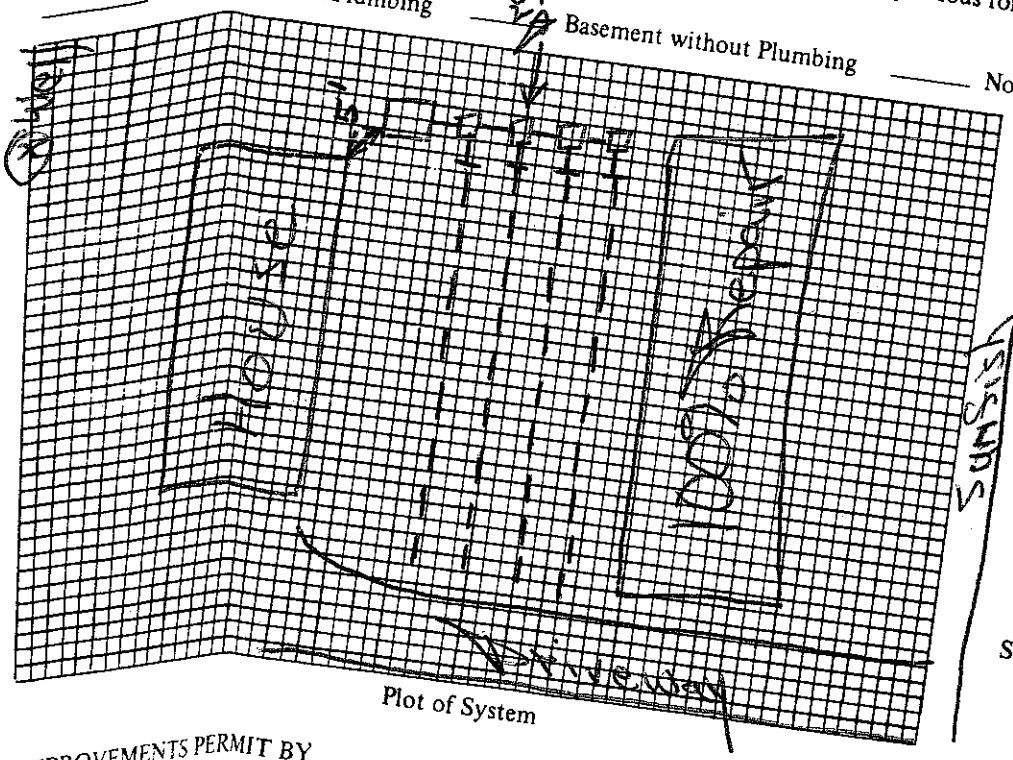
Percolation Rate ~ 4

Topography 1070 + 31

Depth to Water Table _____

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by A-1 Backhoe Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not installed at time of final.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Dave Ingram [illegible] DATE 9/10/90

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 C...