4648951878

IREDELL COUNTY HEALTH DEPARTMENT

13603 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lester Troy Sechrist DATE 6/19/91 PERMIT NO. 29-B-38

PHONE: Business _____ Home 892-5256

LOCATION Cornelius Rd, 21N, TL on Cornelius Rd., 1.5 miles on (R) before I-77 S. R. No. 1302

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

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

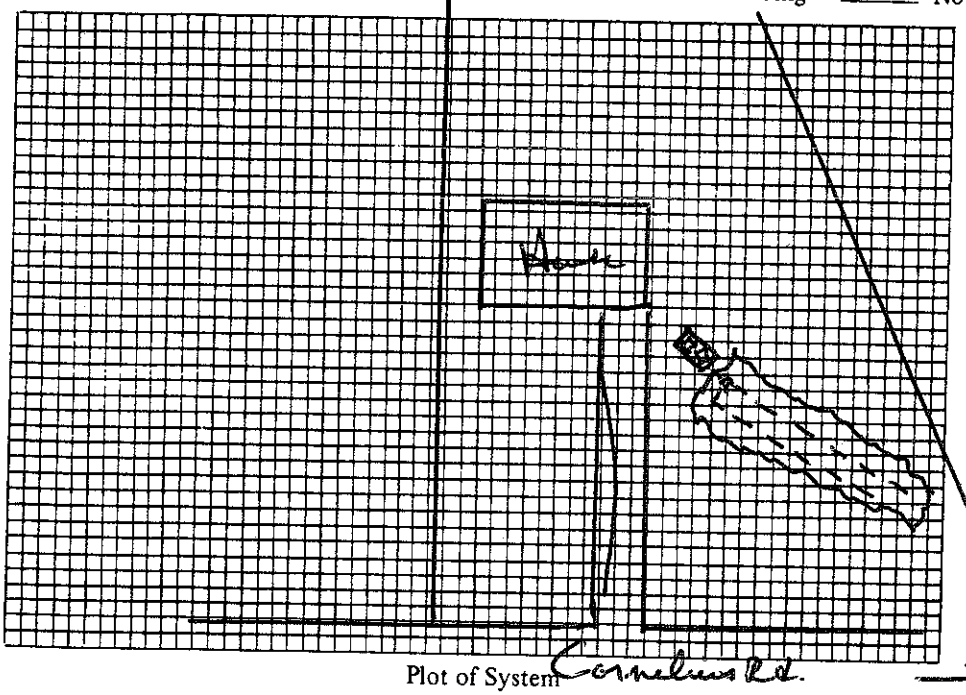
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 20,000 FT²

Character & Porosity of Soil Existing
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 (Existing) Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. _____
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
FROM House To (L) of this site

Installed by _____

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 _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks R.S. DATE 6/19/91

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