4649-18-9805

IREDELL COUNTY HEALTH DEPARTMENT

11520 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frances R. McDonald DATE 8/28/90 PERMIT NO. 3F-6-A-34

PHONE: Business ______ Home ______

LOCATION 115 N TL Flowerhouse Loop TL Carlyle TR Jasmine .3 mi on right S. R. No. ______

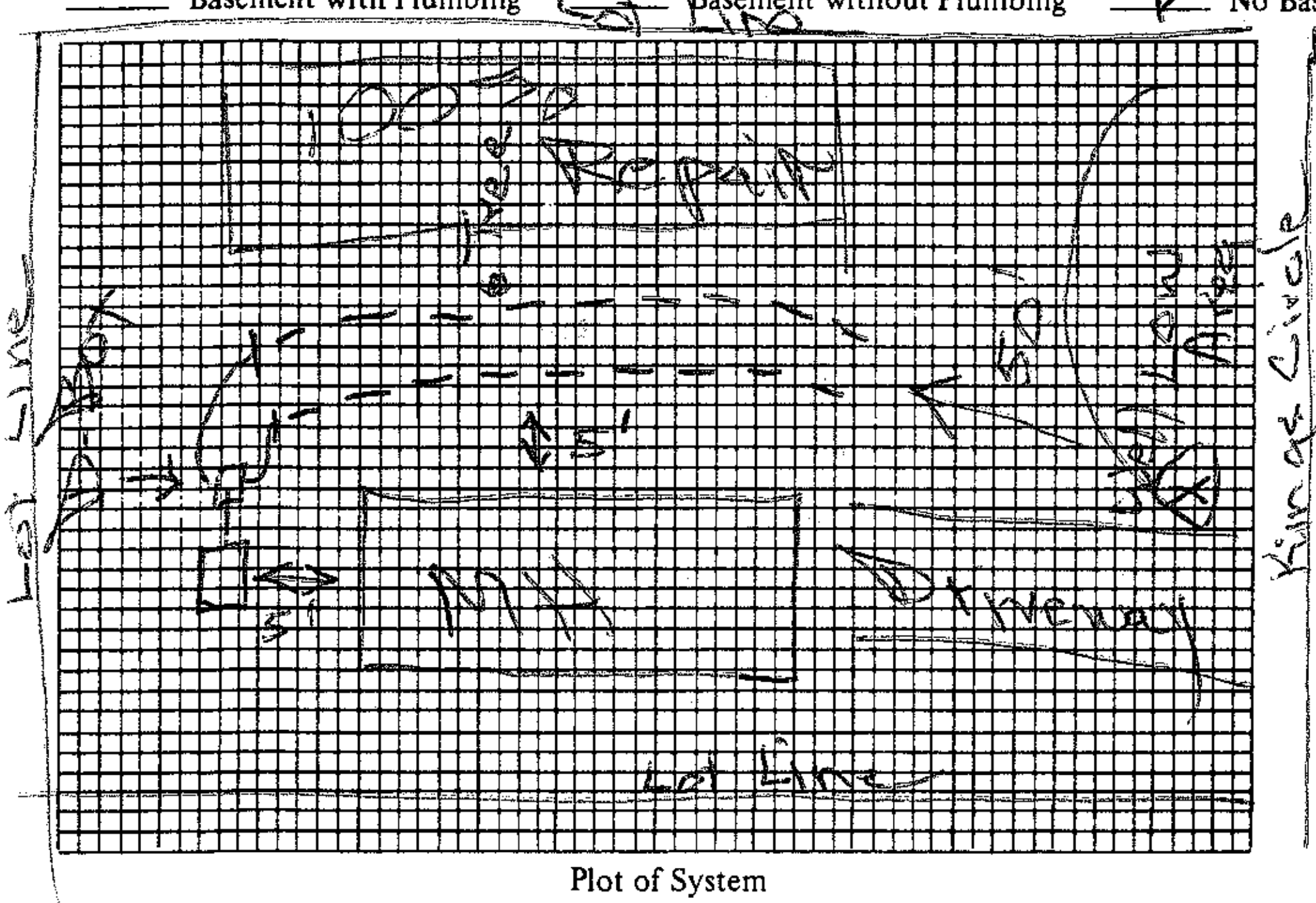
SUBDIVISION NAME King Acres LOT NO. 34 SECTION OR BLOCK NO. 2

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~~ PS Yes ( ) No ( )
Lot Area ______

Character & Porosity of Soil PS clay
Percolation Rate .4
Topography 5-10%
Depth to Water Table + 3'
Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200'
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Culbertson

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
May connect to community water system.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 8/28/90
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