11520

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 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. _____

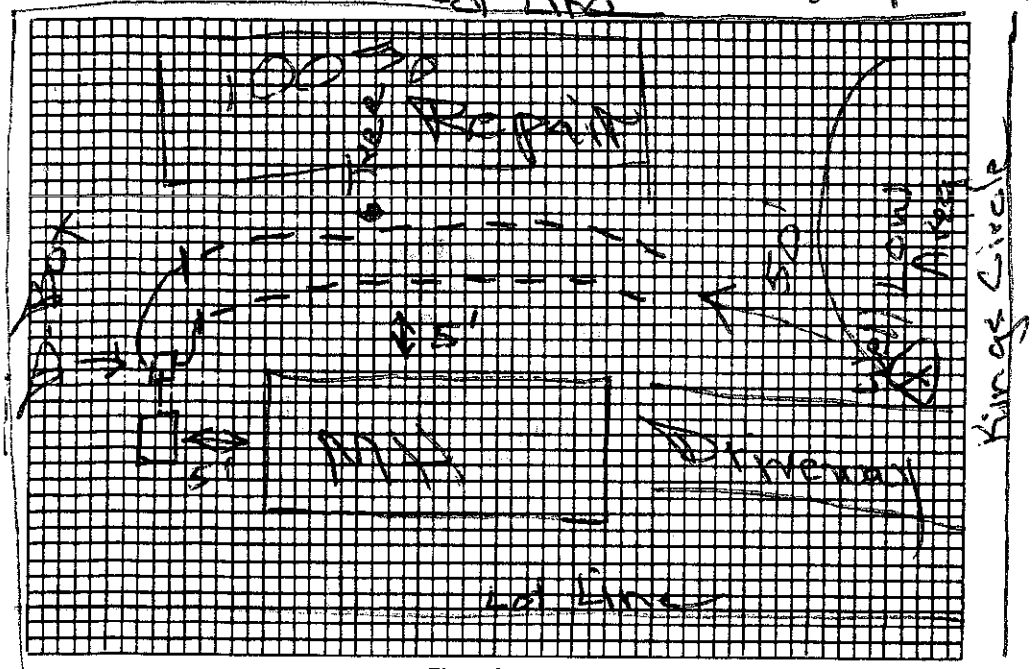
SUBDIVISION NAME King Acres LOT NO. 34 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2	No. Bathrooms 1			Character & Porosity of Soil	FS clay
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	N.P.
Auto. Dishwasher	Yes ( )	No (✓)		Topography	5-10%
Auto. Wash. Machine	Yes ( )	No (✓)		Depth to Water Table	± 3'
Site ~~Suitable~~ FS	Yes ( )	No ( )		Rock or other impervious formations	

Lot Area _____

_____ Basement with Plumbing Lot Plan _____ 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