4654-77-9080

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 Dennis Bowen DATE 3/29/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TL 1138 (Presbyterian Rd) TR Sink Farm Rd. ~ 1/8 mile on left S. R. No. _____

SUBDIVISION NAME Davidson Downes LOT NO. 38 & 39 SECTION OR BLOCK NO. _____

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

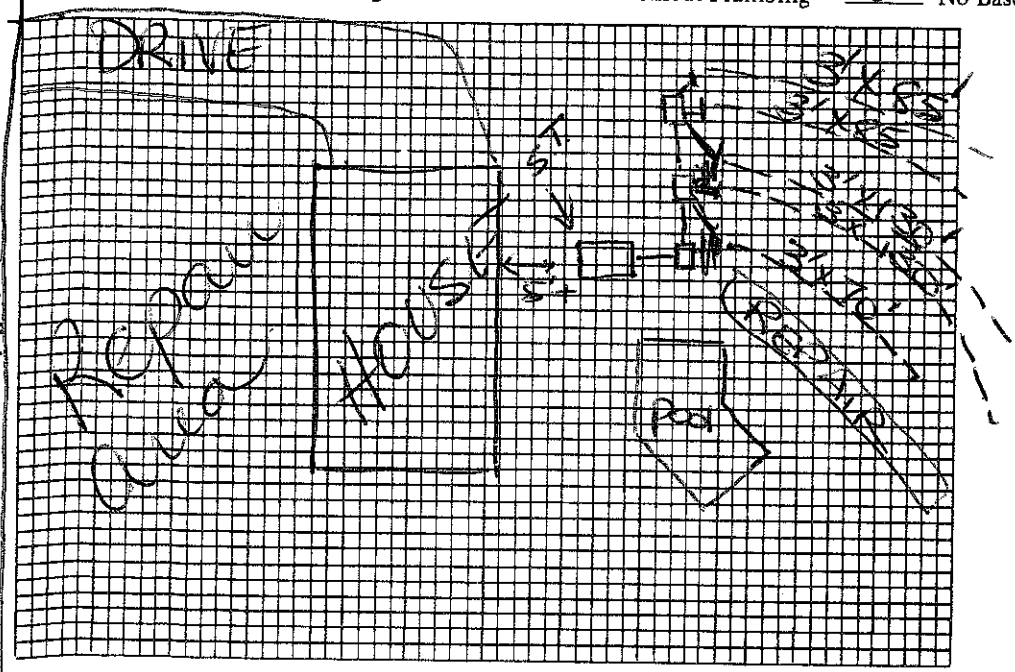
No. Bedrooms 5 No. Bathrooms 3 1/2

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

Character & Porosity of Soil Clayey
Percolation Rate ~ 4
Topography 2 - 4%
Depth to Water Table 4+
Rock or other impervious formations none observed

Lot Area 3/4 ACRE +

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1500 Linear Ft. 500
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓) Community
10' line
Installed by Mike Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charlie C. Pierce DATE 3/29/88

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