4655 177955

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 Mark Gurley DATE March 27, '91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1136 (Faith Rd.) TR 1242 (1st entrance of Piedmont Coop) 1st house on left S. R. No. _____

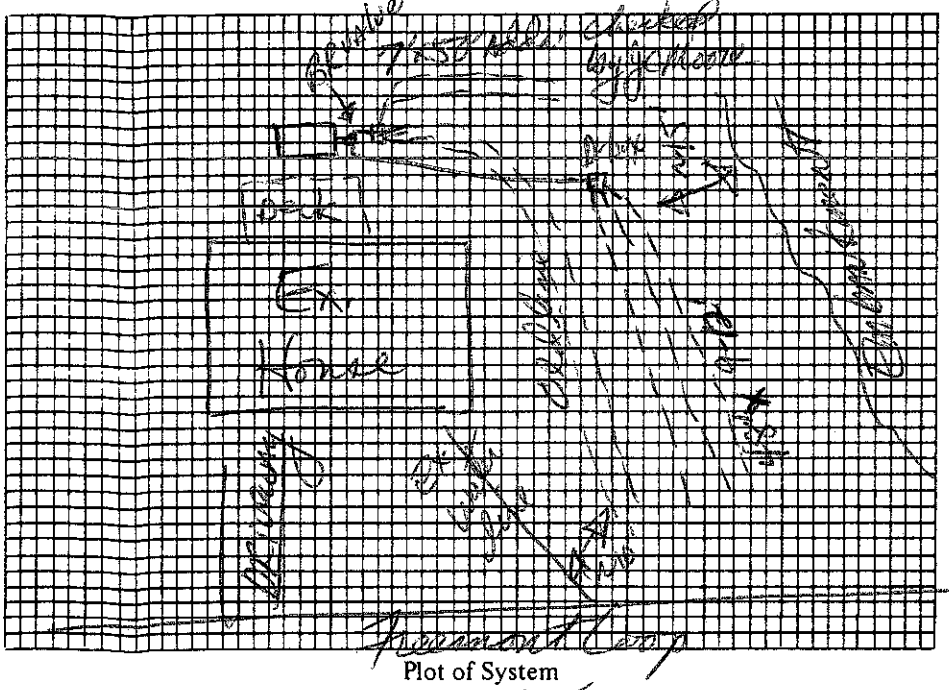
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	firm clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4-6
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2½' +
Site Suitable	Yes ( )	No ( )	Depth to Water Table	no rock but heavy clay w/ some depth
Lot Area	Existing		Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3 (9-12' wide)
Sq. Ft. 450 + Linear Ft. 150 +
Depth of Stone in Lines ~24"

Water Supply: Individual ( )
Public (✓ CW

Installed by Otho Davis

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 DR Hinson, EHS DATE 3/27/91

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