09257

IREDELL COUNTY HEALTH DEPARTMENT 4655 472363

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Richard Butler DATE March 27, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. Rt 1136 (Faith Rd.) Rt Jennymarie at end on left S. R. No. _____

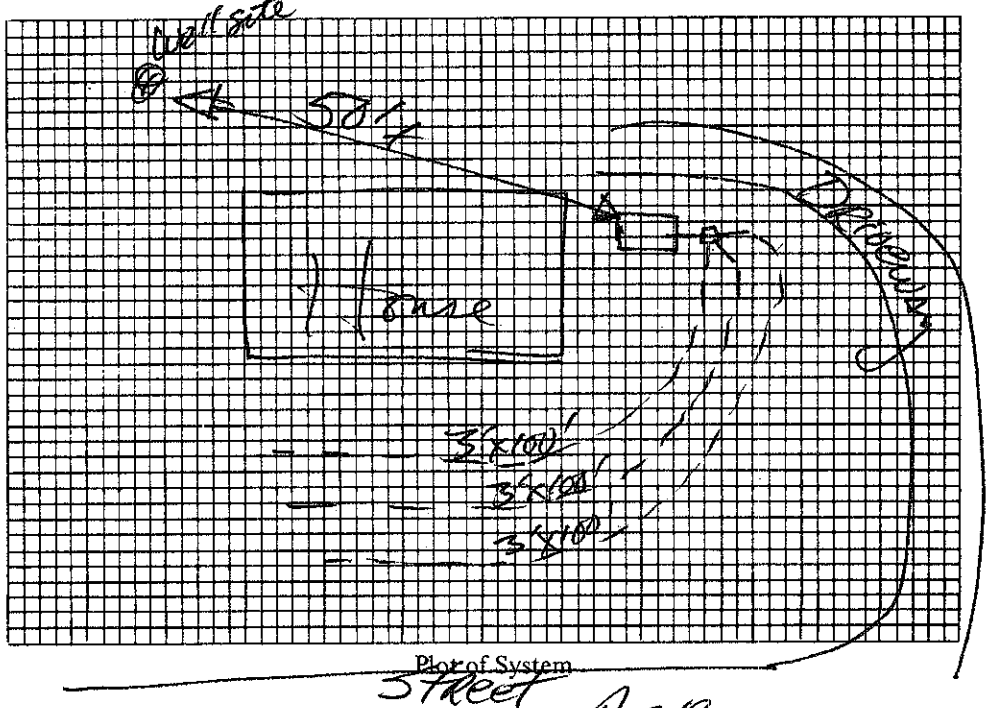
SUBDIVISION NAME Serene Lake LOT NO. 6 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	20	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%	
Site ~~Suitable~~ OS	Yes (✓)	No ( )	Depth to Water Table	6'	
Lot Area 20000 ft²			Rock or other impervious formations	none obs.	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines _____

Sq. Ft. 300 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Carolina Landscaping (Bob MacLeod)

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not down

CERTIFICATE OF COMPLETION BY _____ DATE 3-27-89

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