4656313598

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 Sharon Turbyfill DATE 7/17/91 PERMIT NO. ———

PHONE: Business ——— Home ———

LOCATION Rt 11 Box 272, Market Rd, west to last house on (R)

——— S. R. No. ———

SUBDIVISION NAME N/A LOT NO. ——— SECTION OR BLOCK NO. ———

House (✓) Mobile Home ( ) Business ( ) Other Existing System

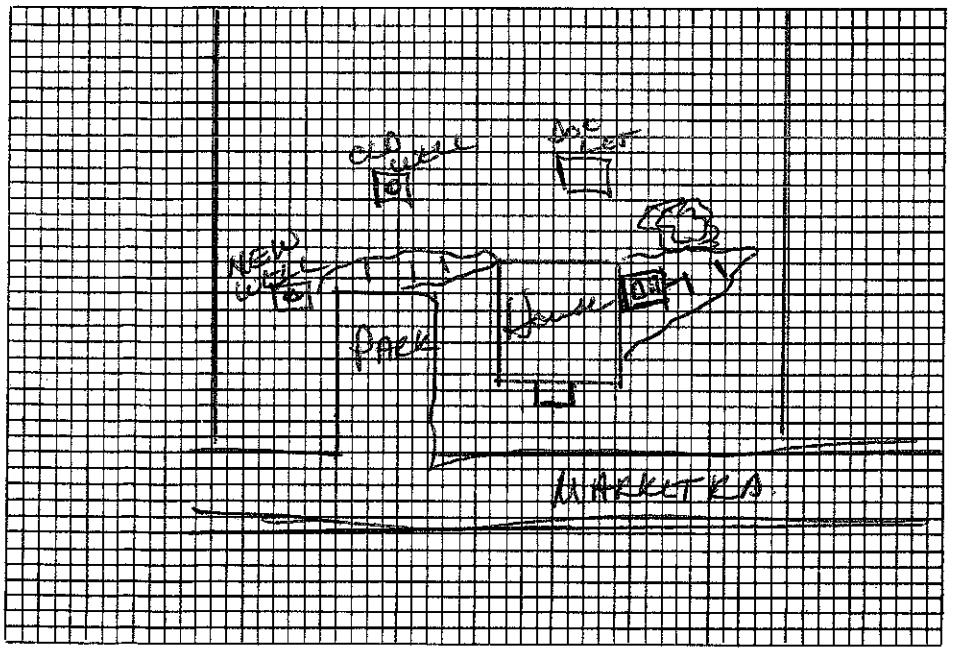
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil Existing System
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations

Lot Area 20,000 Ft²

——— Basement with Plumbing ✓ Basement without Plumbing ——— No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines ———
Sq. Ft. ——— Linear Ft. ———
Depth of Stone in Lines ———
Water Supply: Individual (✓)
Public ( )

Installed by ———

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

Signed: ———

IMPROVEMENTS PERMIT BY ———

COMMENTS: No sign of malfunction. Old system ok as long as it performs.

CERTIFICATE OF COMPLETION BY ——— DATE ———

EXISTING SYSTEM CHECKED BY: Wesley Sparks RS. DATE 7/19/91

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