4656432084

IREDELL COUNTY HEALTH DEPARTMENT

Repair

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert McCowan DATE 3/14/91 PERMIT NO. N/A

PHONE: Business 394-4911 Home 663-7375

LOCATION MACKWOOD RD, ON (R) AT CORNER OF ALMOND RD.

S. R. No. 1128

SUBDIVISION NAME MAYHEW-LOT BRADLEY PROP. LOT NO. 81, 82, 83 SECTION OR BLOCK NO. N/A

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

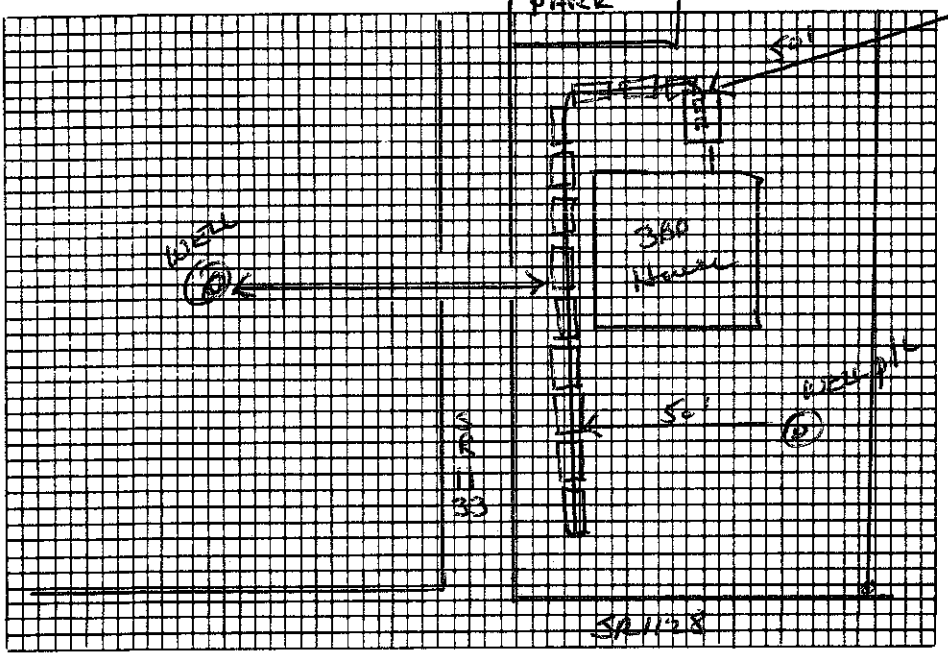
No. Bedrooms 3 No. Bathrooms _____

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 Rolling
Depth to Water Table PS
Rock or other impervious formations PS

Lot Area Existing

_____ Basement with Plumbing _____ ~~Basement without~~ Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 400 Linear Ft. 140'
Depth of Stone in Lines N/A

Water Supply: Individual (✓)
Public ( )

16" T & T Panel System
No deeper than 36"

Installed by Walter Barton

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE _____

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