4656160 8011

09016

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 Markos Keller DATE Feb 3, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TC Mackwood Rd. past FJ Cruse Const. Approx 4th home on Rt. S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Upstairs Addition w/Addition

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area ~2.5 Ac. 37x80'+

Character & Porosity of Soil Clay

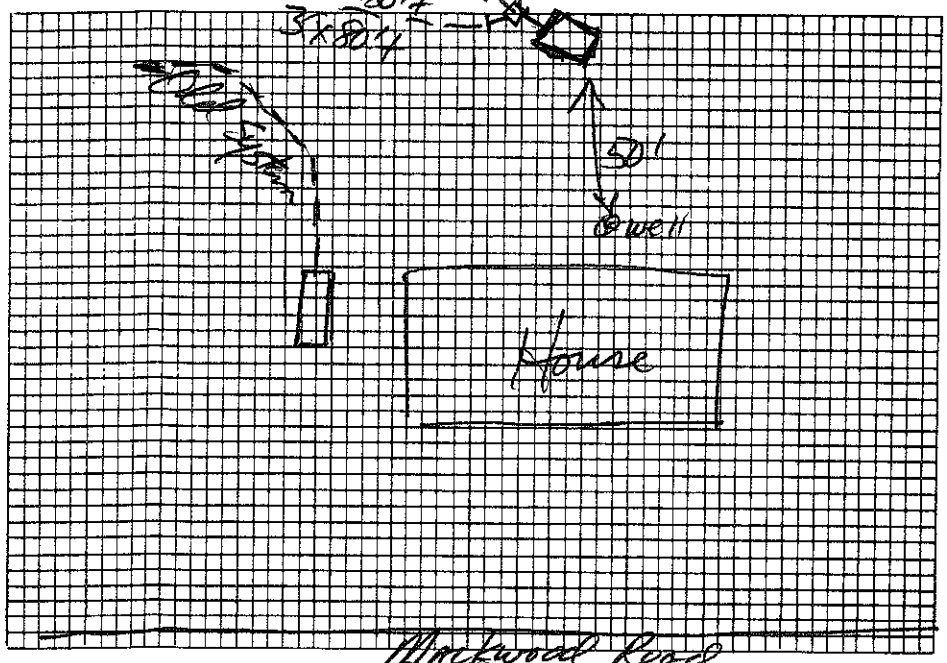
Percolation Rate 2-4

Topography 4-8%

Depth to Water Table 4'+

Rock or other impervious formations none else.

_____ Basement with Plumbing 28x80'+ _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720+ Linear Ft. 240'+

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Atkinson

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 Atkinson, RS. DATE 2-3-89

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