IREDELL COUNTY HEALTH DEPARTMENT 4657-79-2578

1529

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

OWNER OR CONTRACTOR Lois Yanicko DATE Jan. 23, '91 PERMIT NO. IM-16-A-21

PHONE: Business _____ Home _____

LOCATION Plaza Dr. TR Rhinehardt Rd. TR into Ketchie Acres 3rd on Right

SUBDIVISION NAME Ketchie Acres LOT NO. 21 SECTION OR BLOCK NO. _____ S. R. No. _____

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

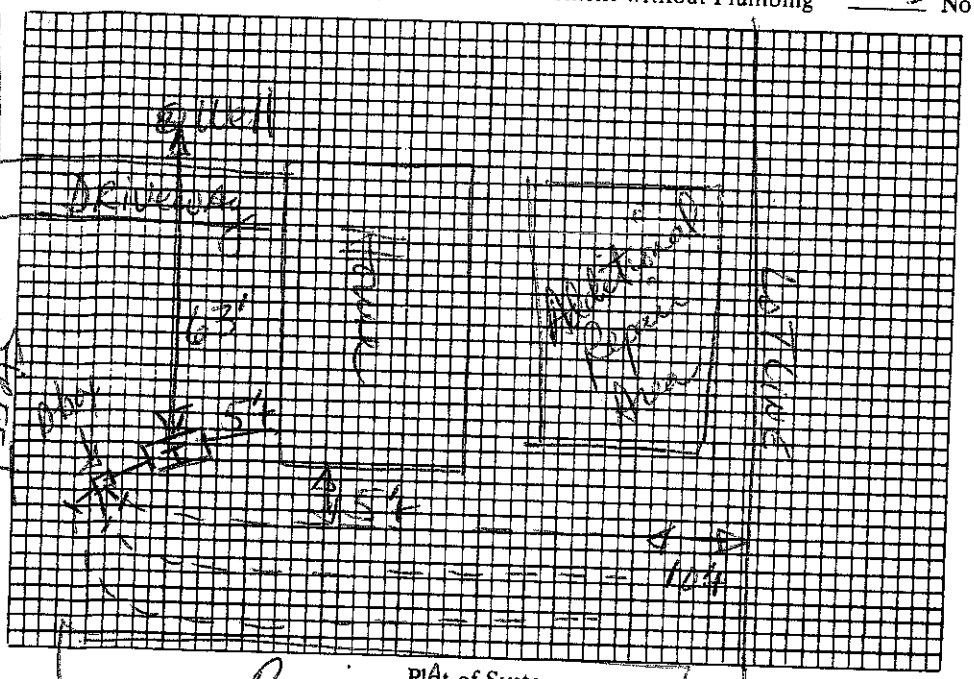
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area .5 Ac

Character & Porosity of Soil Clay/trans.
Percolation Rate 2, 4
Topography 2%
Depth to Water Table 44
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE Jan. 23, '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