IREDELL COUNTY HEALTH DEPARTMENT 4657000165

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

OWNER OR CONTRACTOR Mrs. [redacted] ELAINE ROBINSON DATE Jan. 15, '87 PERMIT NO. 27

PHONE: Business _____ Home _____

LOCATION Plaza Dr. beside ABC Store & across from Kentucky Fried Chicken and State Farm Insurance S. R. No. _____

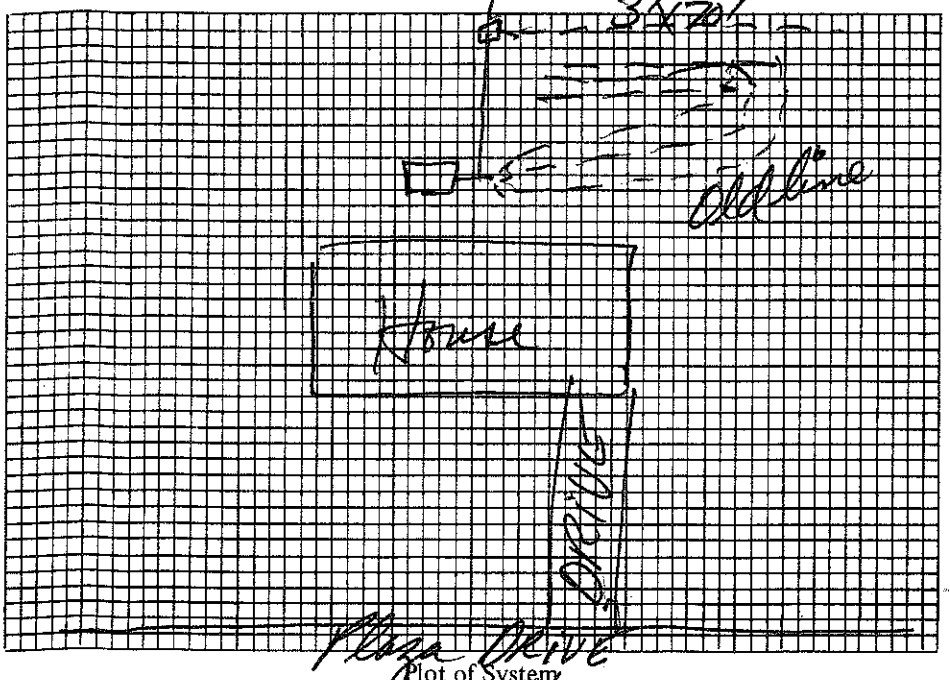
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2-3 No. Bathrooms 1-2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Existing

Character & Porosity of Soil clay
Percolation Rate 4-8 / 44
Topography
Depth to Water Table
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing 3'x80' 3'x70' _____ No Basement ✓



Plot of System

Size of Tank Existing Gals.
Nitrification Field: 2
No. of Lines
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 21"
Water Supply: Individual ( )
Public (✓)

Installed by J.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J.R. Hunsucker, RS. DATE Jan 15, 87

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