4658442079

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 Mike & Brenda Benoist DATE Nov. 20, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. TL 1302 (Cornelius Rd.) 7th house on left

S. R. No. _____

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

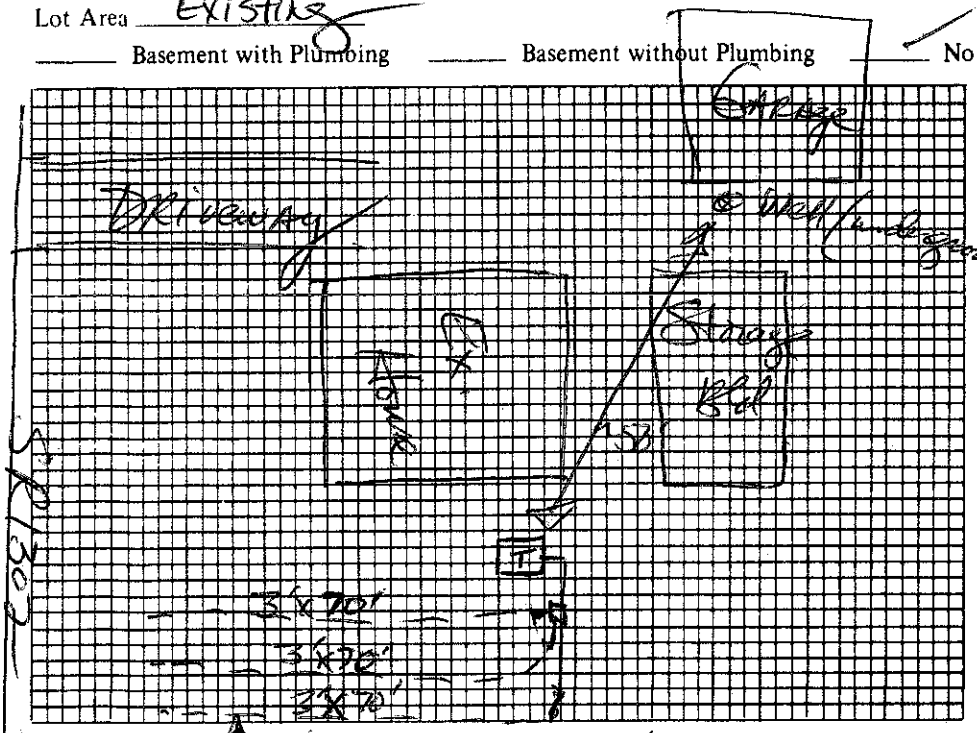
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slo	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	8'+	
			Rock or other impervious formations	none obs.	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field: 3

No. of Lines _____

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Sizemore

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 11-20-90

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