1036

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 Robert F. Busby DATE 8/13/91 PERMIT NO. 40-A-50

PHONE: Business _____ Home _____

LOCATION 115-21N TR across from Barfield Rd. 1/8 - 1/4 mile on left.

S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Dog Kennel

No. Bedrooms N/A No. Bathrooms N/A

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

Lot Area .84AC

Character & Porosity of Soil PS clay - sc - sp

Percolation Rate .35

Topography 6-8% complex

Depth to Water Table >48"

Rock or other impervious formations none observed

315 gpd/design flow

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 - 1000

Size of Tank CT. ST Gals.

Nitrification Field:

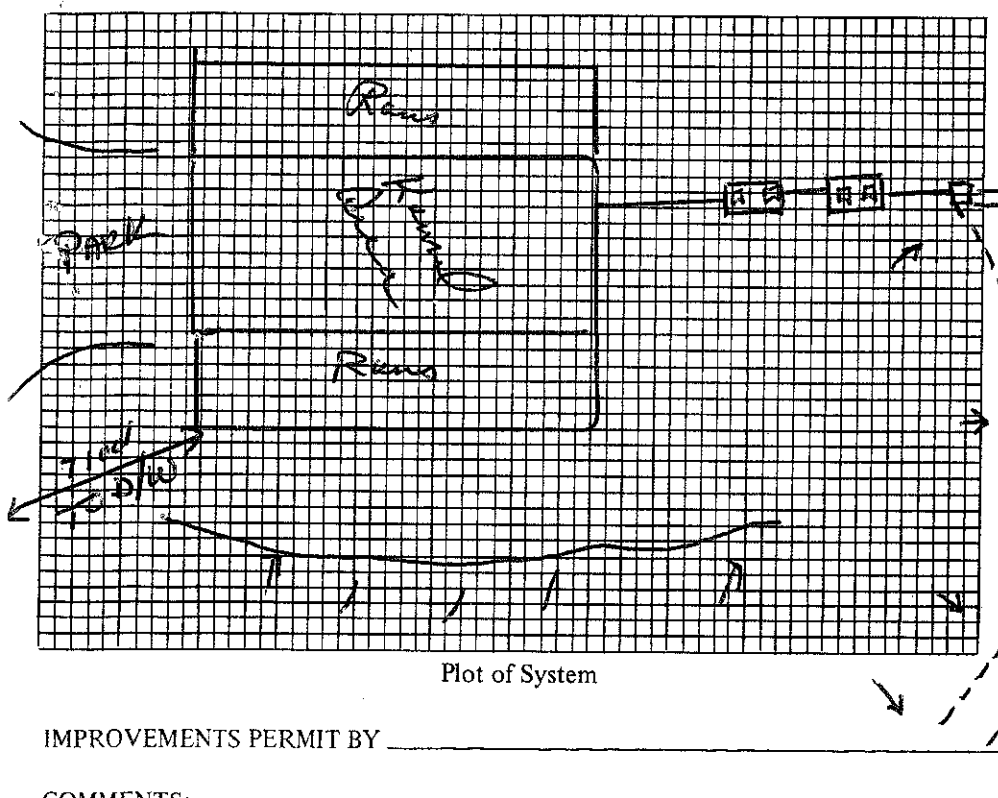
No. of Lines 3@ 102'x3'

Sq. Ft. 1200 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by F J Ennis

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 RS. DATE 8/13/91

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