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 Sam A. Bean, Inc. DATE 10-31-86 PERMIT NO. 579

PHONE: Business _____ Home _____

LOCATION 115 S. TC 1138 1½ mile on Rt.

S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Adding Additional Storage Bldg. Roughing in plumbing for 1 bathroom in future

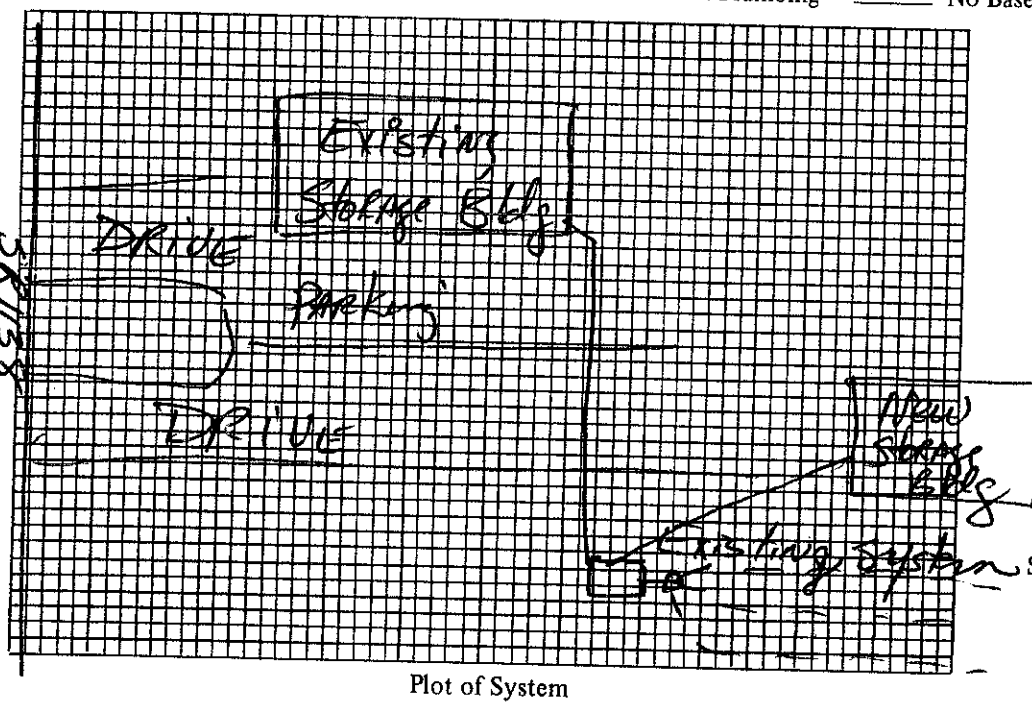
No. Bedrooms _____ No. Bathrooms 1

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank Existing (1000) Gals.

Nitrification Field:
No. of Lines Existing (3)
Sq. Ft. 600 Lineal Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system functioning OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Mark R. Johnson R.S. DATE 10-31-86

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