09491

4664-39-1306

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 Larry Deal DATE April 6, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1125 S. TR 1138 (Presbyterian Rd) ~1/4 mile on Right S. R. No. _____

SUBDIVISION NAME Gold Trace LOT NO. 8 SECTION OR BLOCK NO. _____

OW

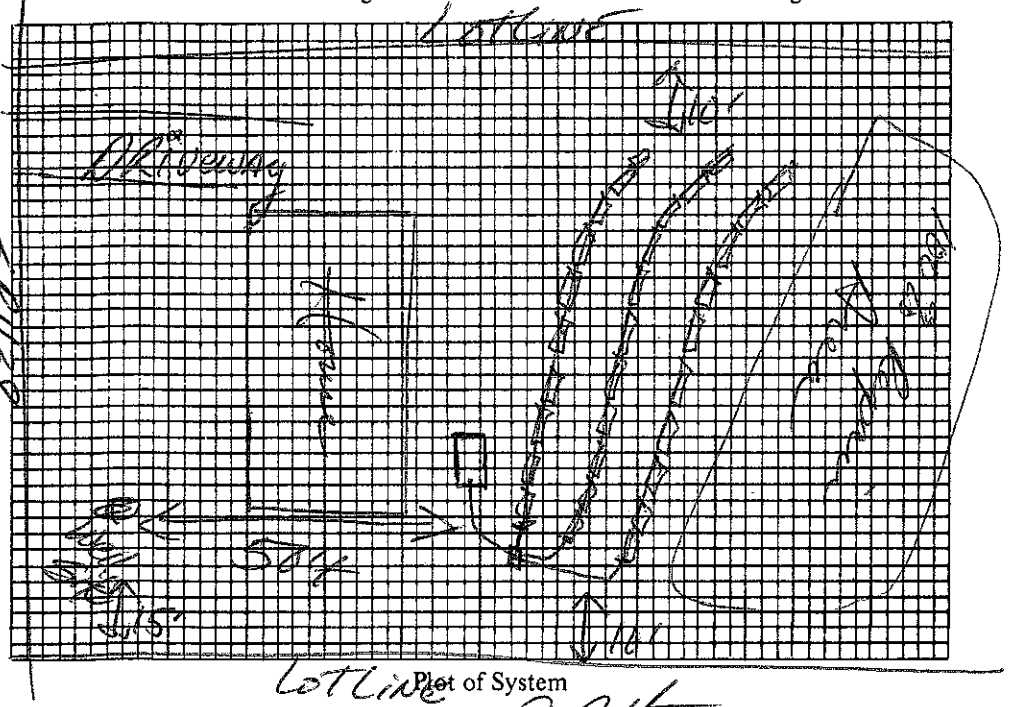
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2 & 3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4+	
			Rock or other impervious formations	none obs.	

Lot Area 100'x150'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" Rock

Water Supply: Individual (✓) panels

Public ( )

Installed by H Jenson

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY H Jenson, R.S. DATE 4-6-89

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