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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 Fay Spencer DATE Oct. 10, '91 PERMIT NO. 1E-4-A-6

PHONE: Business ____ Home ____

LOCATION 1125 S. (Shearers Chapel Rd.) TL 1142 3rd lot on left S. R. No. ____

SUBDIVISION NAME Timberview LOT NO. 6 SECTION OR BLOCK NO. ____

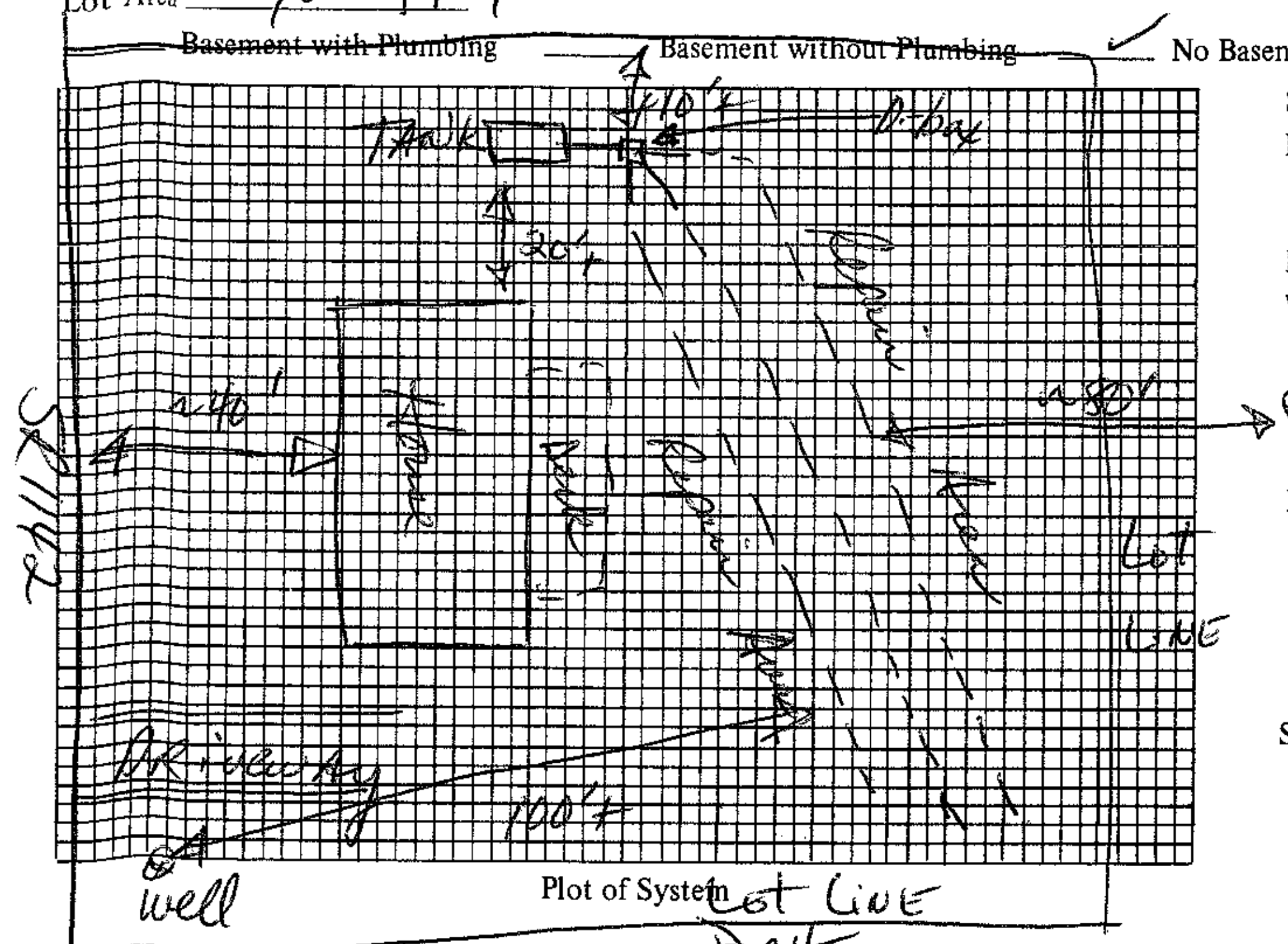
Modular

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

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

Lot Area 20,000 ft²+

~~Basement with Plumbing~~ ~~Basement without Plumbing~~ ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

⊕ Neighbor's well

Installed by Levon Benton

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

Signed: ____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ____

CERTIFICATE OF COMPLETION BY DR Hunior, RS. DATE 10-10-91

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