12760

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 & Belinda Puskas DATE May 30, '91 PERMIT NO. IE-4465

PHONE: Business _____ Home _____

LOCATION 1125 S. TL Springtime Lane TL Mill Pond Lane on left S. R. No. _____

SUBDIVISION NAME Timberview LOT NO. 65 SECTION OR BLOCK NO. _____

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

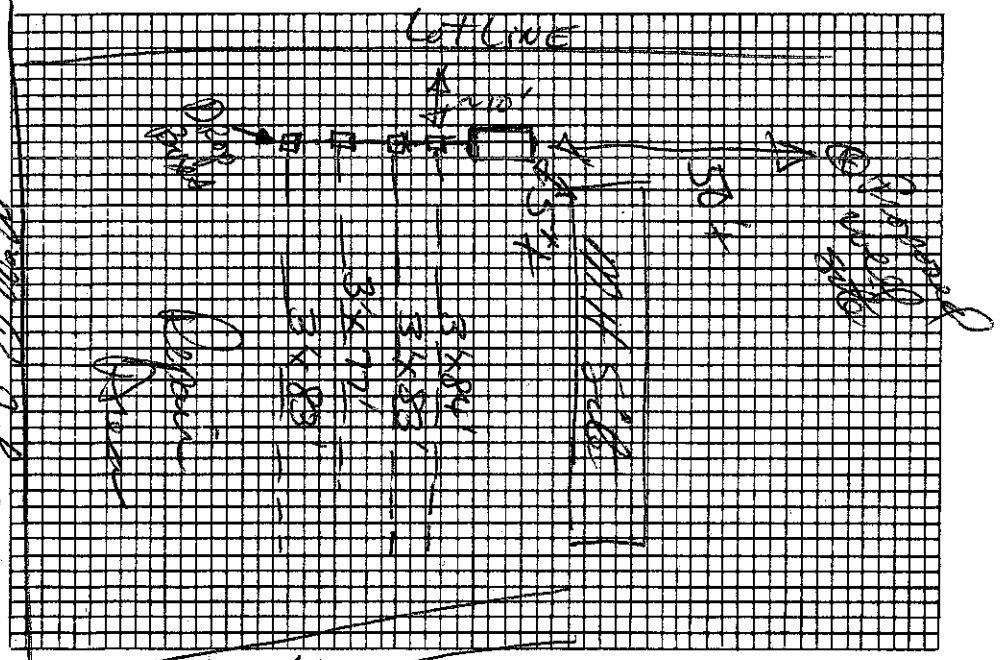
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil PS clay
Percolation Rate 2.4
Topography 4-6%
Depth to Water Table 41+
Rock or other impervious formations none obs.

Lot Area 20000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 968 Linear Ft. 320+
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by TJ Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY AWS

COMMENTS: Well not installed. M.H. not on site.

CERTIFICATE OF COMPLETION BY David R. Hinson, RS, EHC DATE 5/30/91

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