Existing Septic 165

IREDELL COUNTY HEALTH DEPARTMENT 4666672 09666

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jeffrey Bowles DATE 3/7/91 PERMIT NO. 1-E-4-74

PHONE: Business _____ Home _____

LOCATION Kistler Rd, SR 1148, Lot on (R) past before the welding business

S. R. No. 1148

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. ~~A B C~~

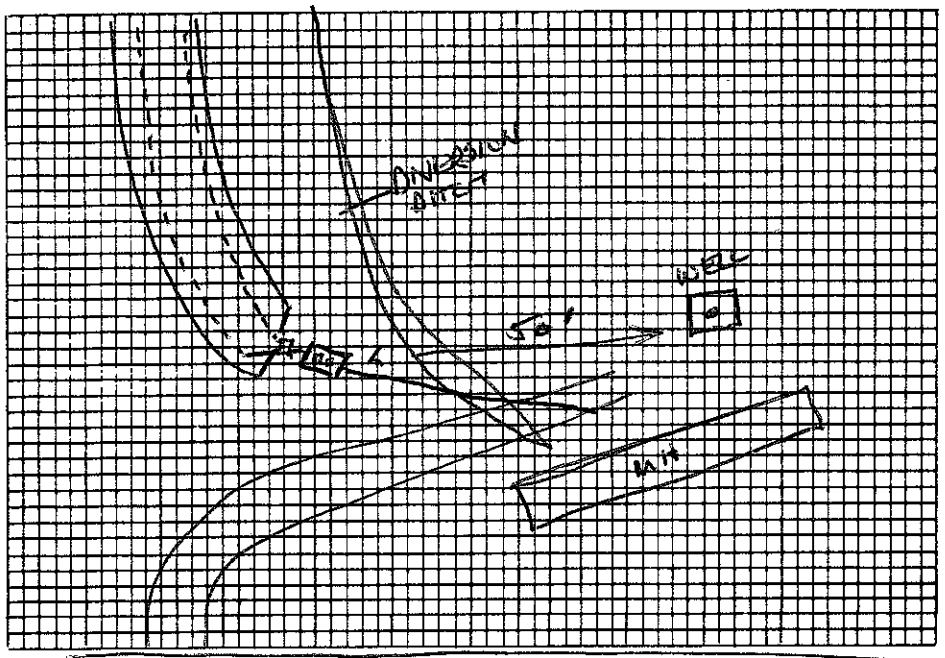
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

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

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System SR 1148 → TO 13L

Size of Tank _____ Gals.
Nitrification Field: Existing System
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
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: No outside evidence of malfunction. Recommend clean out downstream tank.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks R.S. DATE 3/7/91

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