4668829846

IREDELL COUNTY HEALTH DEPARTMENT

1691

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

OWNER OR CONTRACTOR Eunice Causey DATE 5/22/91 PERMIT NO. IN-A-173

PHONE: Business _____ Home N/A

LOCATION 901 N, TR 1/4 mile north of Sandis Rd, to trailer on (L) of driveway S. R. No. _____

SUBDIVISION NAME Samuel Brown Sub. LOT NO. 1 SECTION OR BLOCK NO. _____

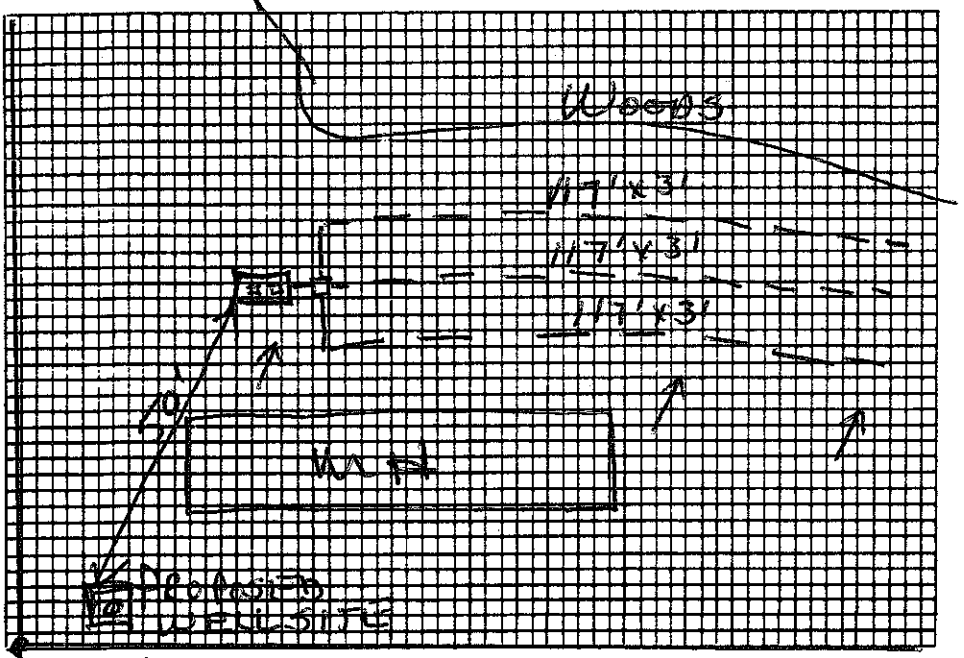
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay (s, sp)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 48"
			Rock or other impervious formations	NONE

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 3
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"

Water Supply: Individual (✓) NOT DRILLED YET
Public ( )

Installed by Glenn Smith

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/22/91

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