4668 95 8635

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 Mrs Guy Turman DATE June 14 '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 801 N. past Sam Brawley's junk yard X Creek
1st house on left past entrance to Batesville Corp. S. R. No. _____

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

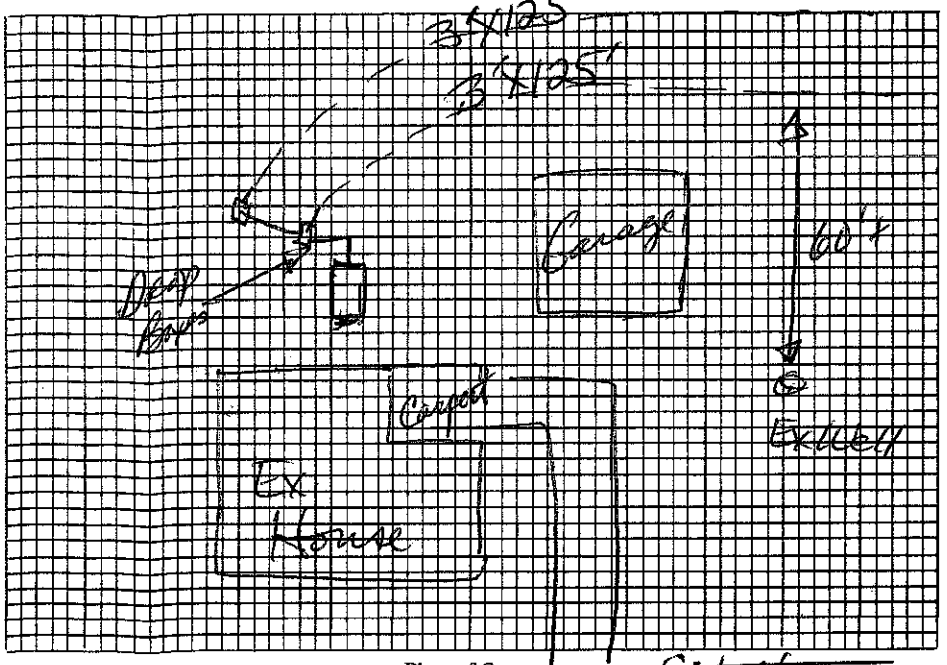
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	3-4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	some saprolyte mixed w/ clay subsoil

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 150 Linear Ft. 250
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by FJ Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY DCH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DB Hinson, EHS DATE 6-14-90

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