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IREDELL COUNTY HEALTH DEPARTMENT

12416

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

OWNER OR CONTRACTOR Robert J Morin DATE 9/11/91 PERMIT NO. 40-2-A-4

PHONE: Business _____ Home 664-9304

LOCATION Shinnville Rd, TL into Springdale to 4th lot on (R)

S. R. No. _____

SUBDIVISION NAME Springdale LOT NO. 4 SECTION OR BLOCK NO. _____

Home ( ) Mobile Home (4) 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 ( )

Lot Area _____

Character & Porosity of Soil P - clay - fine ss

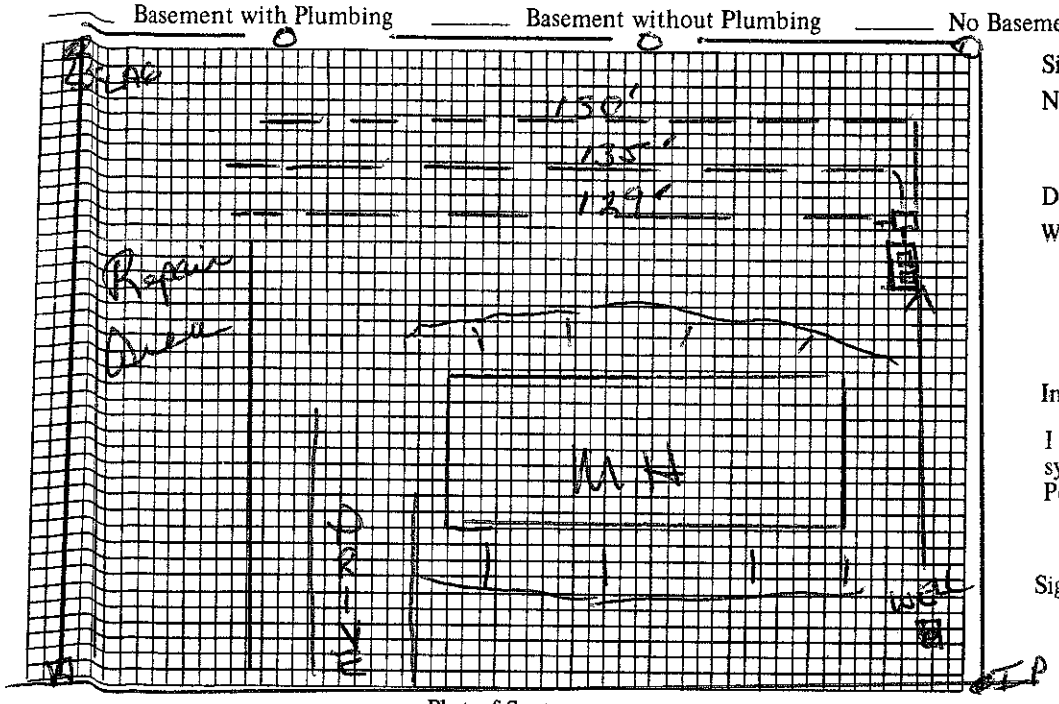
Percolation Rate 4

Topography 2 to 6

Depth to Water Table > 48"

Rock or other impervious formations No

Basement with Plumbing 0 Basement without Plumbing 0 No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (4)
Public ( )

Installed by Ken Pearson

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Trenches shallow - 36" deep. Soil very dry and firm at completion.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 9/11/91

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