ASAP

IREDELL COUNTY HEALTH DEPARTMENT

12819

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

OWNER OR CONTRACTOR North Unitz // Rick Knight agent DATE June 3, '91 PERMIT NO. 1B-A-92

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1142 (Johnson Dairy Rd.) ~ 1/10 mile on left S. R. No. _____

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

OW

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

No. Bedrooms 3 No. Bathrooms 2

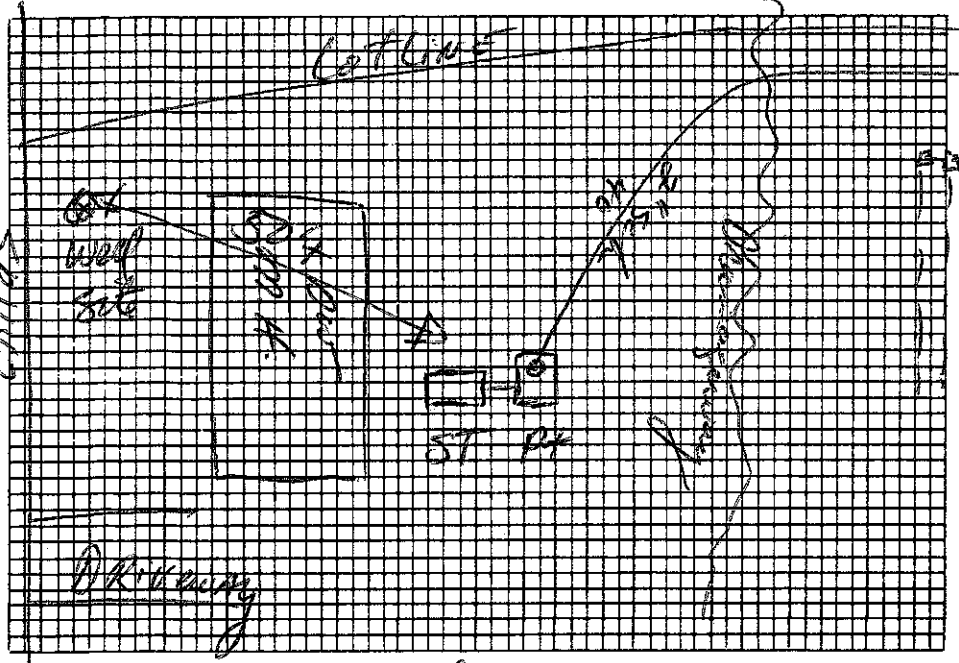
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable PS	Yes (✓)	No ( )	

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

Lot Area Existing 1Ac+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 g.t.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Existing Repair System

Installed by _____

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

Signed: Rick Knight

IMPROVEMENTS PERMIT BY Mark R. Hinson, RS

COMMENTS: S.T. Contractor to size pump to reach upper point of repair area.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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