4675077345

IREDELL COUNTY HEALTH DEPARTMENT

12064

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

OWNER OR CONTRACTOR Zula Griffin DATE Nov. 15, '90 PERMIT NO. IE-3-B-9

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1147 (Rocky River Rd.) TL Vick Road
At end on left S. R. No. _____

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

Ex. House without septic system

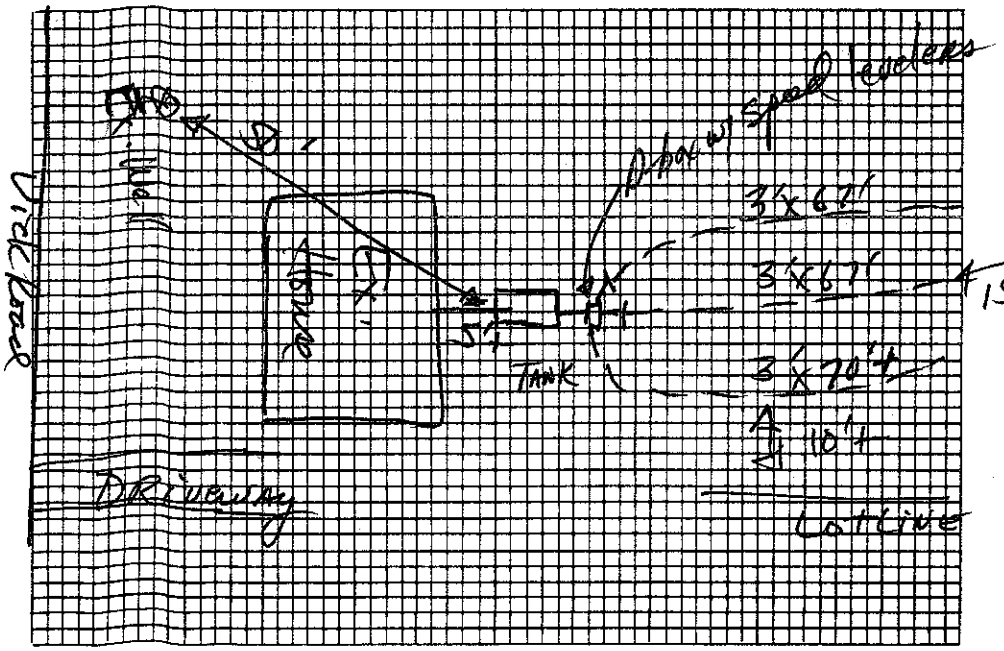
House (✓) Mobile Home ( ) Business ( ) Other Converting 1 bedroom into bathroom

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No ( )
Site ~~Suitable~~ PS Yes ( ) No ( )

Character & Porosity of Soil PS clay
Percolation Rate .3-.4
Topography @ 4%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600+ Linear Ft. 200+
Depth of Stone in Lines 12"
Water Supply: Individual (✓ Ex.
Public ( )

Installed by F T Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY SCI

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. R. Hinson, EHS DATE 11-15-90

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