4676214563

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 Dorey/ Bryant DATE March 28, '90 PERMIT NO.

PHONE: Business Home

LOCATION 136 S. TR 1149 (Williford Rd.) on left before 1150 (Linwood Rd.) S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

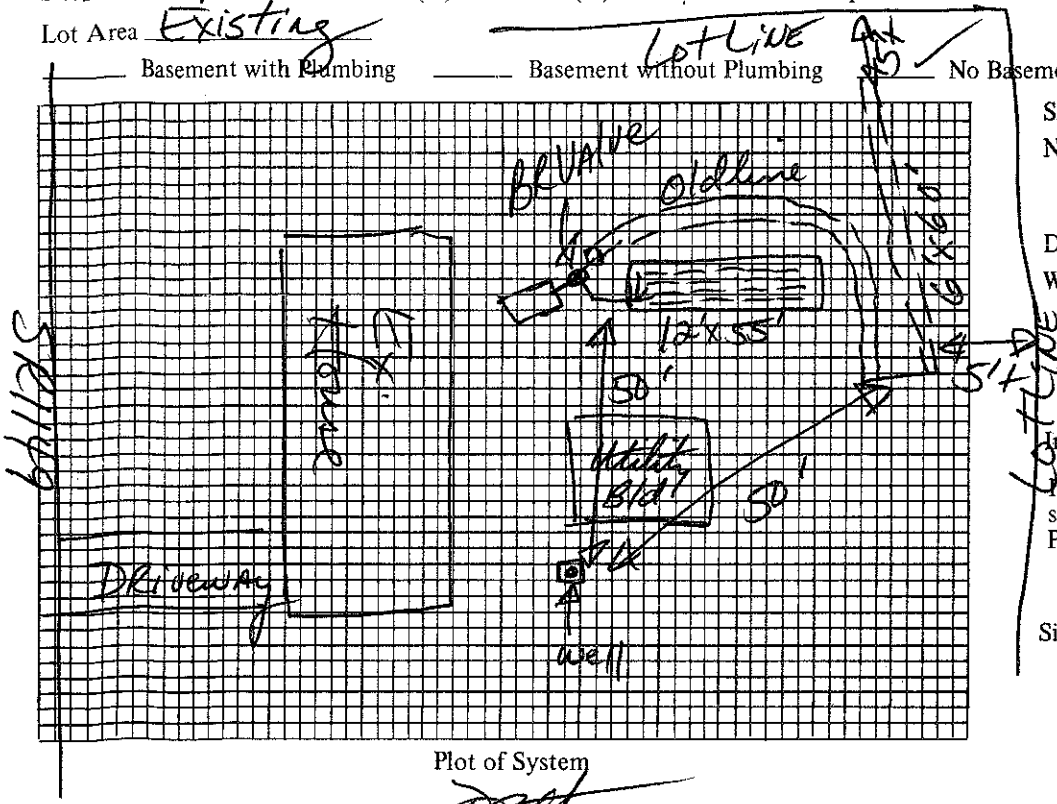
No. Bedrooms 3 No. Bathrooms 1½

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

Character & Porosity of Soil ps clay
Percolation Rate 1.3-1.4
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area Existing

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 12'x55' & 6'x60' Beds
Sq. Ft. 1020 Linear Ft. ~340
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Sigmon

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS:

CERTIFICATE OF COMPLETION BY Sigmon, EHS DATE 3-28-90

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