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IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Pat Howell DATE 6/21/91 PERMIT NO. ——

PHONE: Business ______ Home 378-7236

LOCATION Brumley Rd., 9th house on (L)

S. R. No. ______

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay (sicl) (s-sy)

Percolation Rate .4

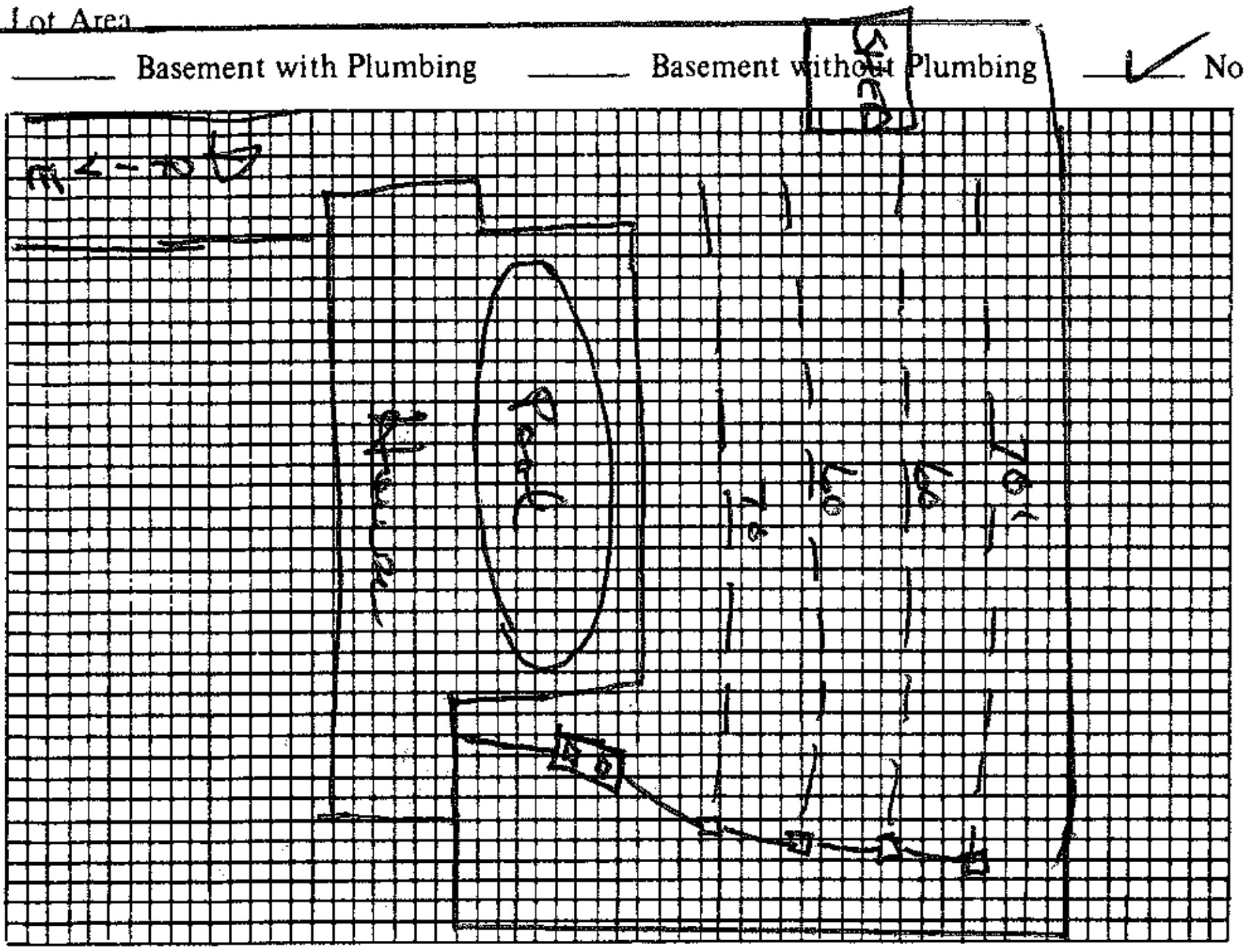
Topography 2-4%

Depth to Water Table >48"

Rock or other impervious formations No

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: No. of Lines 4 / 2-60' / 2-70'

Sq. Ft. 720 Linear Ft. 260

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Orbinson

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: 6/21/91 Septic Tank is still leaking, 1 toilet is leaking also this must be finished before system will work properly.
7/2/91 - Repair is receiving effluent, area around old lines has dried up well. Plumbing in house still needs repair - running constantly

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 7/2/91

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