4677002055

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 Robert Deaton DATE July 26, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N. Main St. SR 1150 (Linwood Rd) past Eastside Baptist Church 3rd brick house on right S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area acreage

Character & Porosity of Soil PS clay

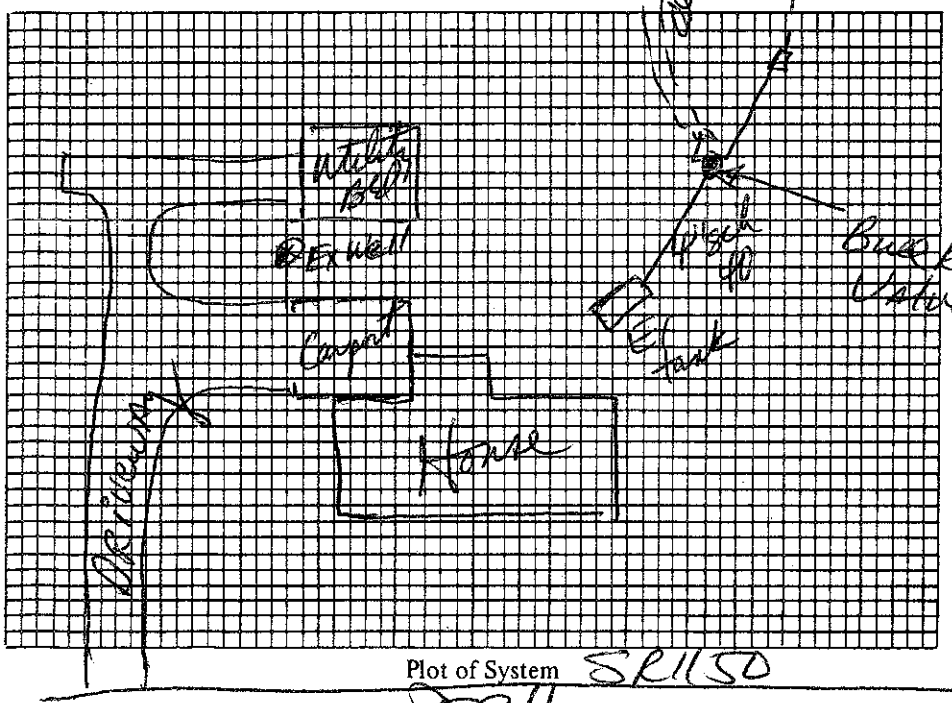
Percolation Rate .3 + .4

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing ✓ partial Basement without Plumbing _____ No Basement



Plot of System SR 1150

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 330 Linear Ft. 110

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 DRH

COMMENTS: Previous repair (existing bed) looked good upon excavation. Amount of repair therefore reduced as requested by owner. New tee set in tank and pipe replaced between tank and line.

CERTIFICATE OF COMPLETION BY DR Hinson, EHS DATE 7-26-90

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