4677734227

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 Evelyn Barbour DATE May 17, 91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E TR 1153 (Bromley RD) 1/4 mile on left

S. R. No. _____

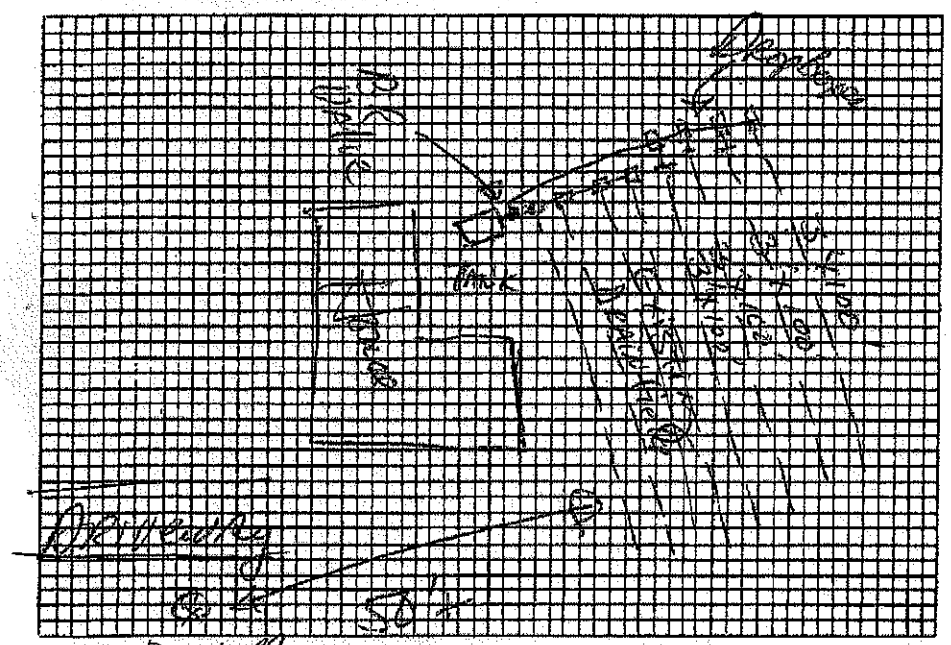
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2½	Character & Porosity of Soil	psclay
Garbage Disposal Unit	Yes ( )	No	(✓)	Percolation Rate	2, 3
Auto. Dishwasher	Yes (✓)	No	( )	Topography	4-6%
Auto. Wash. Machine	Yes (✓)	No	( )	Depth to Water Table	3' +
Site ~~Suitable~~ PS	Yes (✓)	No	( )	Rock or other impervious formations	none obs.

Lot Area ~4 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing (1000) Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

AAA ENT.

Installed by Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Gutter drains to be piped off.

CERTIFICATE OF COMPLETION BY Jerrell L. Hinson, RS, EHC DATE May 17, 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