4677734729

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 Sharon Wallace DATE 7/20/90 PERMIT NO. ——

PHONE: Business ____ Home ____

LOCATION 152 E. TR 1153 (Brumley Rd) ~ 1/4 mi on right

S. R. No. ____

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

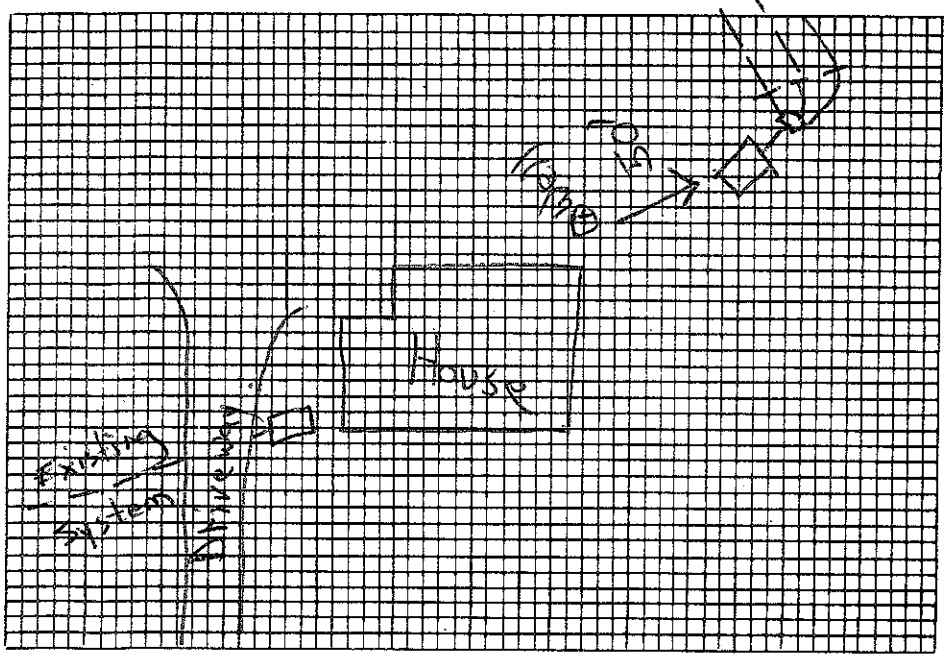
House (✓) Mobile Home ( ) Business ( ) Other Repair to correct straight piped washer + sink drain

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing (2ac+)

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System SR 1153

Size of Tank 400 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200'
Depth of Stone in Lines 12"

Water Supply: Individual (✓) Existing
Public ( )

Installed by Mike Leazer

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 7/20/90

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