09985.

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 CELESTE HENKEL Construction DATE 8-3-89 PERMIT NO. ST-B-116.

PHONE: Business _____ Home _____

LOCATION Rt 4 to 21 south 2 1/2 miles to Celeste Henkel School on R. Turn right on Turnersburg Rd. S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Addition of storage room.

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes (✓) No ( )

Lot Area EXISTING.

Character & Porosity of Soil _____

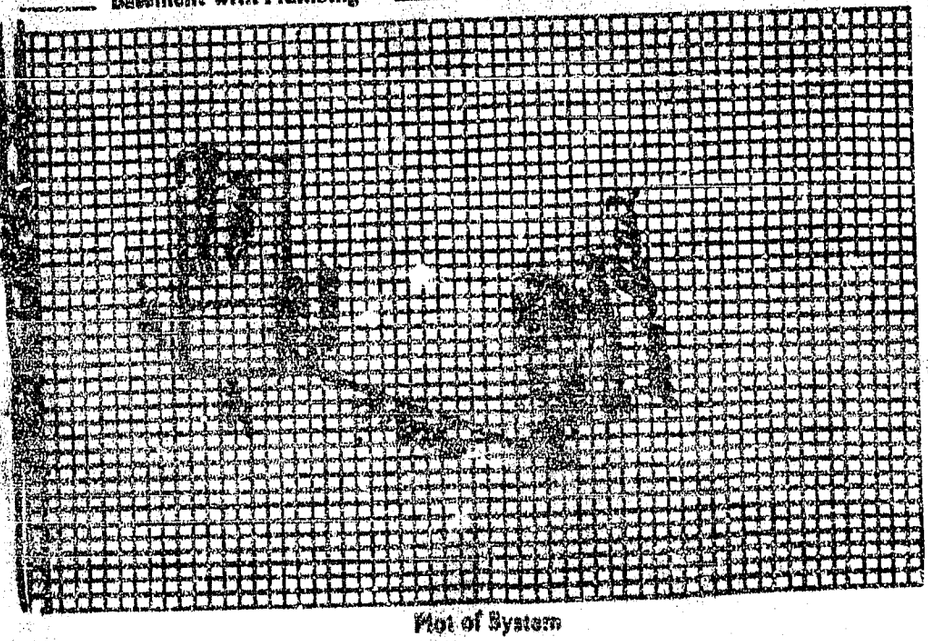
Percolation Rate EXISTING SEPTIC

Topography _____

Depth to Water Table _____

Rock or other impervious formations TANK SYSTEM.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Trenches _____

Water Supply: Individual ( )

Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brewer DATE 8-3-89.

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