12941.

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 KENNETH DISHMAN DATE 6-5-91 PERMIT NO. 81-A-9.

PHONE: Business _____ Home _____

LOCATION Leland Ford Rd. off Hwy 90 W - cross creek + 3rd house on (R).

S. R. No. _____

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

House ( ) Mobile Home ( ) Business (4 OFFICE.) Other _____

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (4)

Auto. Dishwasher Yes ( ) No (4)

Auto. Wash. Machine Yes ( ) No (4)

Site Suitable Yes (4) No ( )

Character & Porosity of Soil _____

Percolation Rate EXISTING SEPTIC

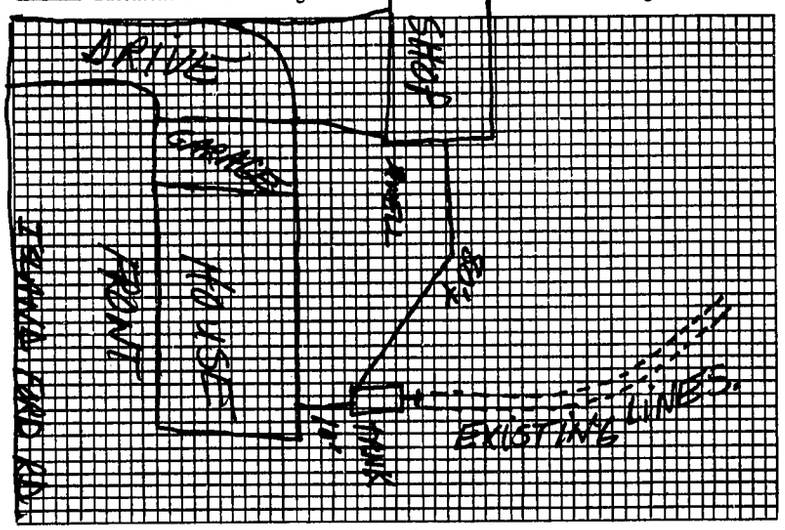
Topography _____

Depth to Water Table TANK SYSTEM.

Rock or other impervious formations _____

Lot Area EXISTING.

_____ 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 Lines _____

Water Supply: Individual (4)

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 Brown DATE 6-5-91

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