IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

11107

OWNER OR CONTRACTOR Doy Lewen DATE 3/90 PERMIT NO. NE-A-91

PHONE: Business Home

LOCATION TSN 2 Fitzgah & Bowles L Hill Exit ½ mi on Right S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 2 No. Bathrooms 2 Character & Porosity of Soil Prov Suitable

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 1-37

Auto. Dishwasher Yes ( ) No (✓) Topography Slight

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 52"

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None

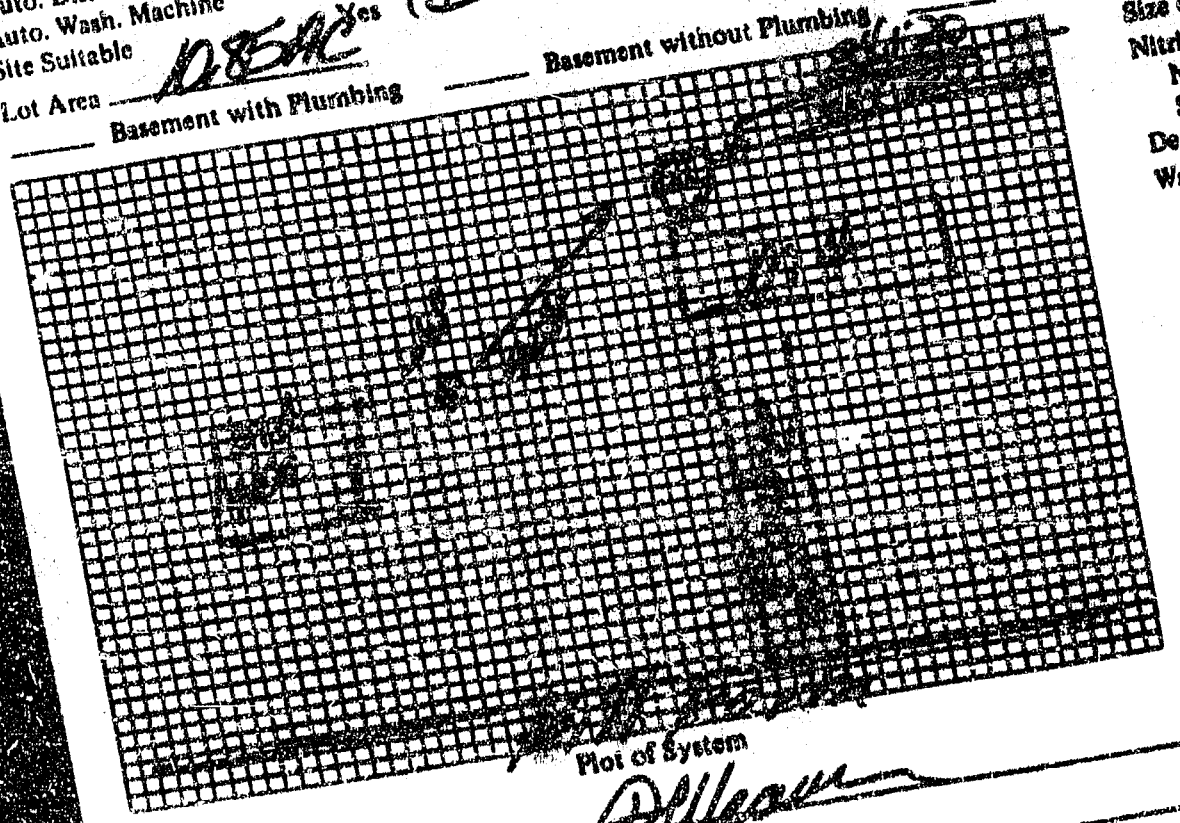
Lot Area .85AC

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 240 Linear Ft. 240
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Al Backhoe

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

Signed:

IMPROVEMENTS PERMIT BY Dlleaux

COMMENTS:

DATE 3/90

CERTIFICATE OF COMPLETION BY Dlleaux DATE

EXISTING SYSTEM CHECKED BY:

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

...any unauthorized changes are made in installation of system and/or if any false information is supplied in making ...mit.

...th Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold