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# 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 Michael Gene Davis DATE 3/28/90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Pineville Rd, Lt on Dirt Street across from Troutman Fire Dept, 3rd Hse on Rt G. R. No. _____

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

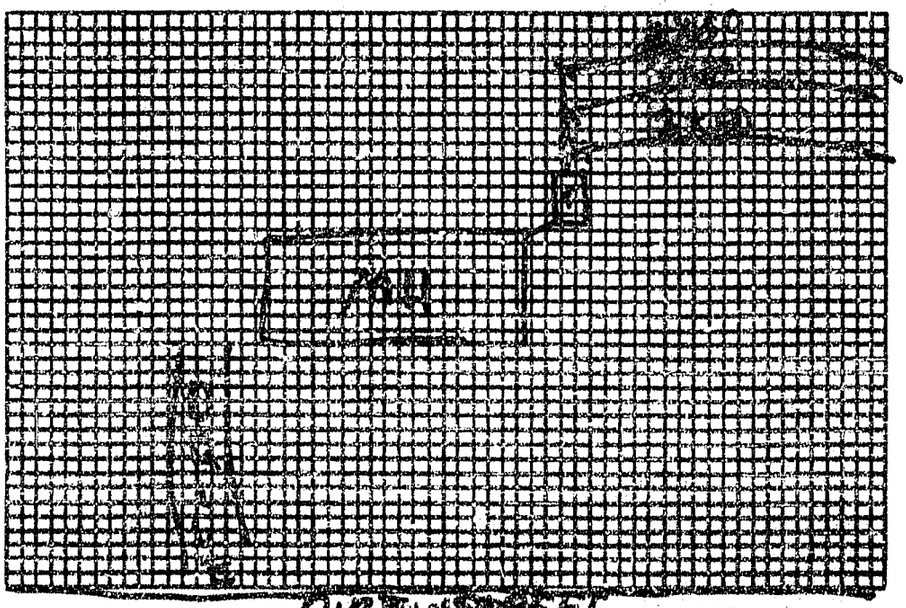
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Prev. suitable
Percolation Rate 0.4 spdeff
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations Subsoil Rock

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓) Public ( )

Installed by Roy Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY T. Skee Brown RS

COMMENTS: Layout change to 2 Br MH OK by RS.
Keep well 50' minimum from tank & lines

CERTIFICATE OF COMPLETION BY _____ DATE 3/28/90

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