41701

IREDELL COUNTY HEALTH DEPARTMENT

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

13648

OWNER OR CONTRACTOR ROBERT COMPTON DATE 12/23/91 PERMIT NO. 3K-2-A-546

PHONE: Business _____ Home _____

LOCATION BUFFALO SHOALS RD SW, TL OLD MOUNTAIN ROAD, TR TROUTMAN FARM RD, TR ~ 1 MILE DIRT DRIVE, ~250 YD ON (L) S. R. No. _____

SUBDIVISION NAME BETH ACRES LOT NO. 5 & 6 SECTION OR BLOCK NO. _____

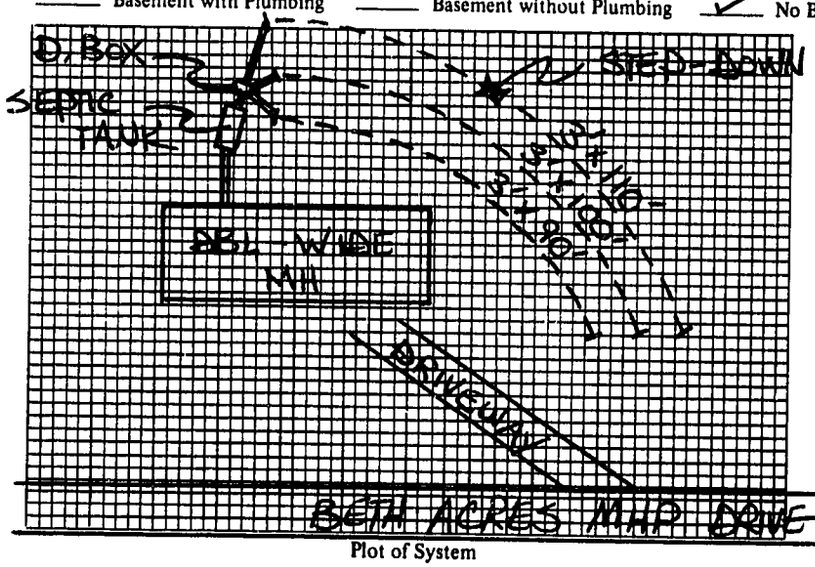
House ( ) ~~DBL WIDE~~ Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area AMPLE

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT²
Topography 6-10% NS
Depth to Water Table >8'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 10/11/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by FORREST SHUFFORD

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-27-91

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