IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR
OWNER OR CONTRACTOR CHARLES M. ROBERTSON DATE 6/3/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DR, TR TIMBERLANE DR, 3RD HOUSE ON (L) BEFORE CUL-DE-SAC #3512 S. R. No. _____

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

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

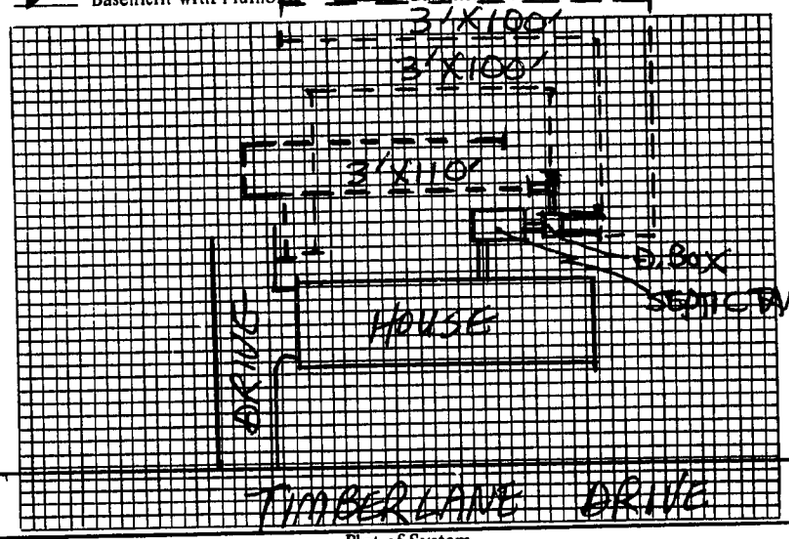
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil PS
Percolation Rate .3 GPD / FT²
Topography 2-4% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 330 Linear Ft. 110'
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by KEITH SPEECE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: PIPE GUTTER DRAINS AWAY FROM SEPTIC SYSTEM. USE WATER REDUCING FIXTURES AND METHODS WHEN POSSIBLE. INSPECT FOR & REPAIR ALL PLUMBING LEAKS.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/3/91

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