IREDELL COUNTY HEALTH DEPARTMENT 35975

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

10884

OWNER OR CONTRACTOR Mike Roberson DATE 3/2/90 PERMIT NO. 6E-20-A-17

PHONE: Business _____ Home _____

LOCATION US 21 OH US 15 Bradley L Macbeth Rt 2 Statesville Behind farm
Red on Left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. 17 SECTION OR BLOCK NO. _____

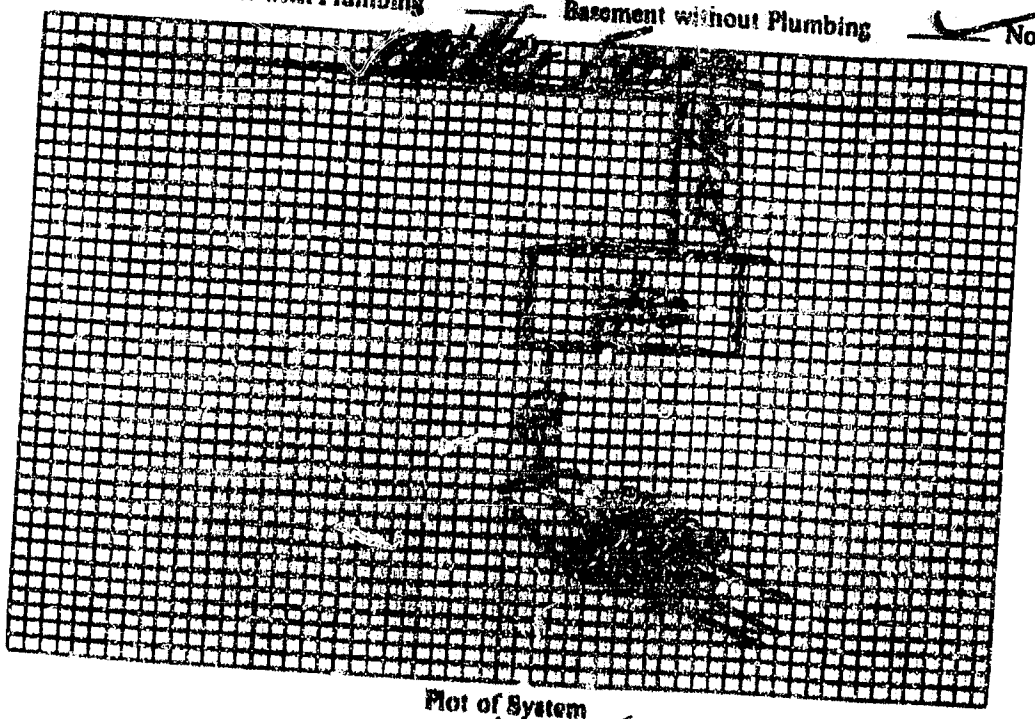
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 250x100

Character & Porosity of Soil Provisuitable
Percolation Rate _____
Topography Slight Slope
Depth to Water Table 24" +
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 405 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Tommy Cobra

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

Signed: _____

IMPROVEMENTS PERMIT BY D Hewett

COMMENTS _____

CERTIFICATE OF COMPLETION BY D Hewett

EXISTING SYSTEM CHECKED BY: _____ DATE 3-30-90

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