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 ROBERT BUNCH DATE 5/31/90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION MONTICELLO DR ACROSS FROM BRADLEY RD

SUBDIVISION NAME _____ S. R. No. _____

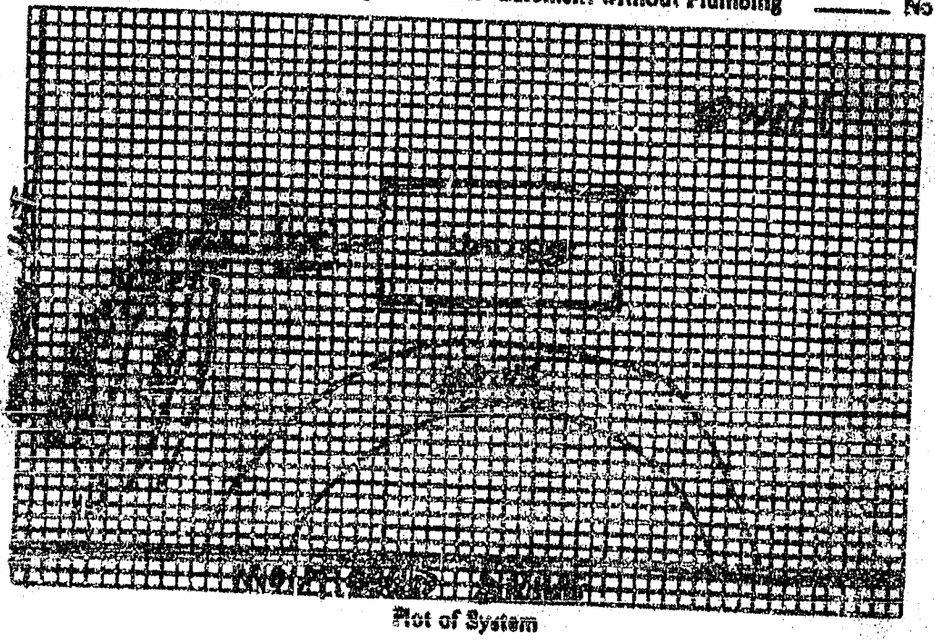
LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | Character & Porosity of Soil | CLAY |
| Auto. Dishwasher | Yes ( ) | No ( ) | Percolation Rate | 4 |
| Auto. Wash. Machine | Yes ( ) | No ( ) | Topography | 2-6% |
| Site Suitable | Yes ( ) | No ( ) | Depth to Water Table | 10+ |
| Lot Area _____ | | | Rock or other impervious formations | NONE |

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wes Lytton

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: LANDSCAPE SO THAT SURFACE WATER WILL NOT STAND OVER DRAIN LINES

OLD DRAIN LINES RUNNING ACROSS DRIVEWAY LINE CUT OFF

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: J. C. Moore DATE 5-31-90

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

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