IREDELL COUNTY HEALTH DEPARTMENT

11978

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

OWNER OR CONTRACTOR MARCUS MEANSCER. DATE 3/14/90 PERMIT NO. 14-F-2-A-9

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL KINGSDALE, AT END OF OUTER LOOP

PERIMETER S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil P.S.
Percolation Rate 4
Topography 4-6% LS
Depth to Water Table 24"
Rock or other impervious formations NONE

Lot Area ACRE 1

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 6-12-90

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 JAMES HOOPER

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY STEVE HENDRICK

COMMENTS: KEEP MH 5' MINIMUM FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 3/14/90

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