12142.

IREDELL COUNTY HEALTH DEPARTMENT

39/53

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR ALFRED ARMSTRONG DATE 7-10-91. PERMIT NO. 3F-8-A-6.

PHONE: Business _____ Home _____

LOCATION Perth Church Rd. from Troutman - go 1/4 mi. past State Park Rd. on R. 1st Faces Perth Church Rd. S. R. No. _____

SUBDIVISION NAME PERTHWOOD ESTATES. LOT NO. 6. 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 _____

Lot Area Ample.

Character & Porosity of Soil Prov. Suitable.

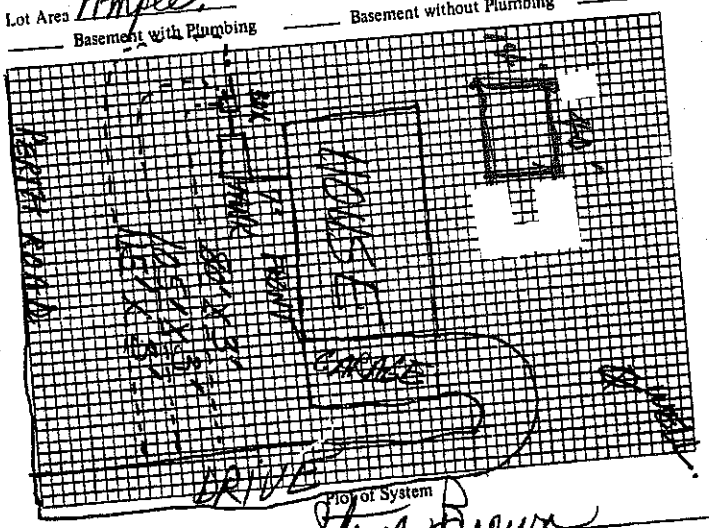
Percolation Rate 1 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



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 Tommy Reavis

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 7-10-91.

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

Location of the proposed Accessory building addition does not appear to impact the existing on-site septic system.**NOTE: Keep 25' from well

_____ REHS

Date: 17 January 2012

ICHD-Environmental Health Division