1213

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 Ethel Hubbard DATE 4-10-90 PERMIT NO. 6B-6A-5

PHONE: Business _____ Home _____

LOCATION 215 TL Connemara & TL Water Trough Hymn On left S. R. No. _____

SUBDIVISION NAME Sable Point LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area .88 acres

Character & Porosity of Soil clay loam

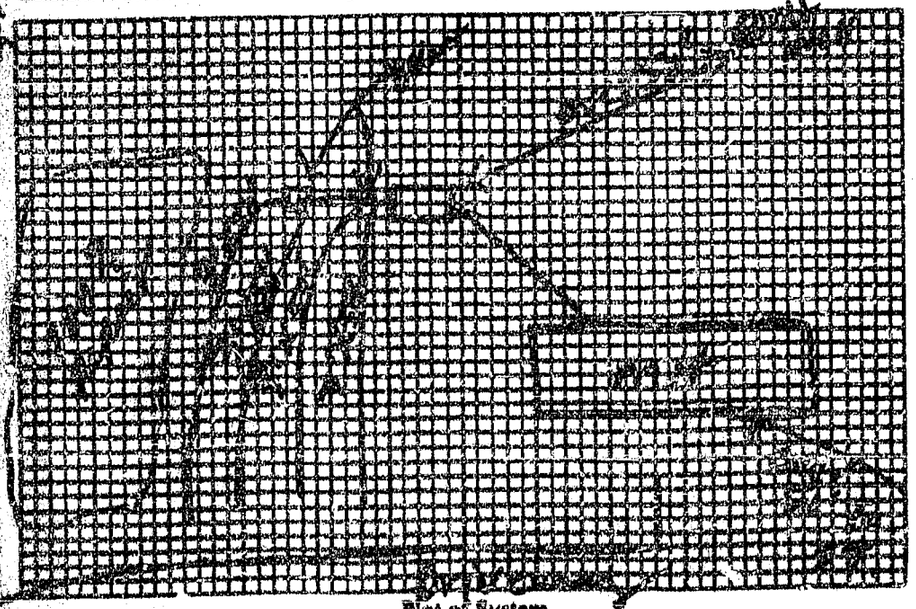
Percolation Rate 24 to 120

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

X _____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 4

No. of Lines _____

Sq. Ft. 600 Lines Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Ken Dellinger Enterprises

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

Signed: _____

@ New Well site

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 4-10-90

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