IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

REPAIR

OWNER OR CONTRACTOR RAYMOND KETCHEM DATE 6/5/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR S. CHIPLEY FORD RD, AT N/E CORNER OF CHIPLEY FORD & NIXON RD S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No (1)

Character & Porosity of Soil PS

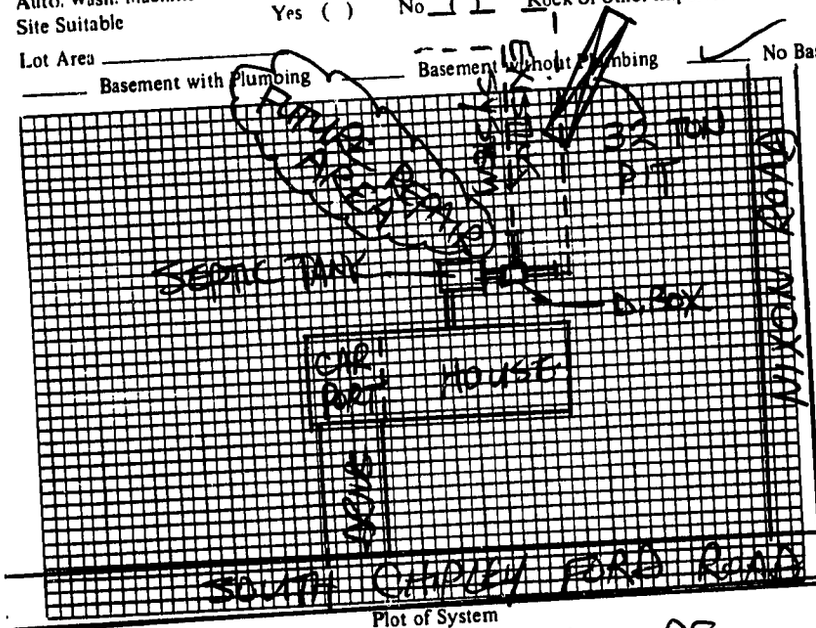
Percolation Rate .3 GPD / FT² 2" 60 MIN

Topography IS

Depth to Water Table 10' +

Rock or other impervious formations NONE

Lot Area _____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 32 TON PIT
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by STEVE JORDAN

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: REPAIR PERMIT ISSUED 3/21/90 REQUIRED 32 TON PIT AND 6" x 100' BED. 32 TON PIT INSTALLED 6/5/91. 6'x100' BED TO BE INSTALLED AT FIRST SIGN OF FAILURE TO SEPTIC SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 6/5/91

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