4740732341

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 Cecil Hash DATE Sept 6, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-2 N. to TR 1312 (Flower House Loop) on Right 2nd house past Clarks Hill Rd. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 1 Act

Character & Porosity of Soil clay

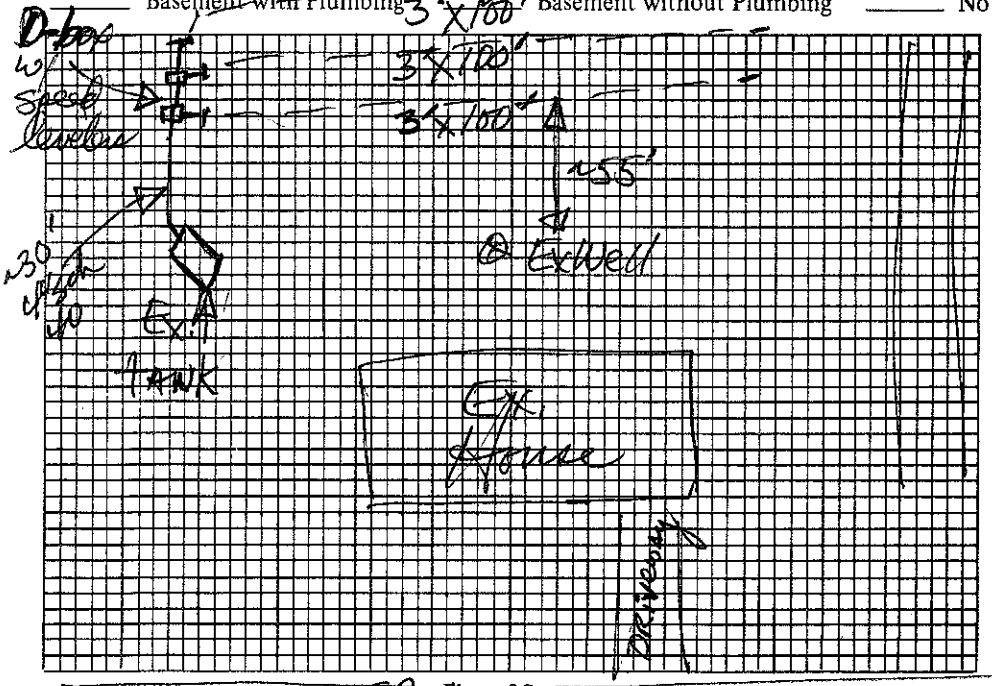
Percolation Rate 3 m. 4.

Topography 10-15%

Depth to Water Table 3'+

Rock or other impervious formations none obs.

_____ Basement ~~with Plumbing~~ 3'+ x 100' Basement without Plumbing _____ No Basement



Plan of System

Size of Tank Existing 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 Dennis Gallimore

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

Signed: _____

SR 1312

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Rhyne, RS. DATE 9-6-89

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