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 HAL HOWARD DATE 6/7/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N, TL LORAINDALE, 4TH HOUSE ON (R) ~~PAST~~ ~~SIDEWALK~~ 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

Character & Porosity of Soil PS

Percolation Rate 4 6PP/FT.2 2 16 9/6

Topography

Depth to Water Table 10' +

Rock or other impervious formations NONE

Lot Area LIMITED

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank EXISTING Gals.

Nitrification Field:

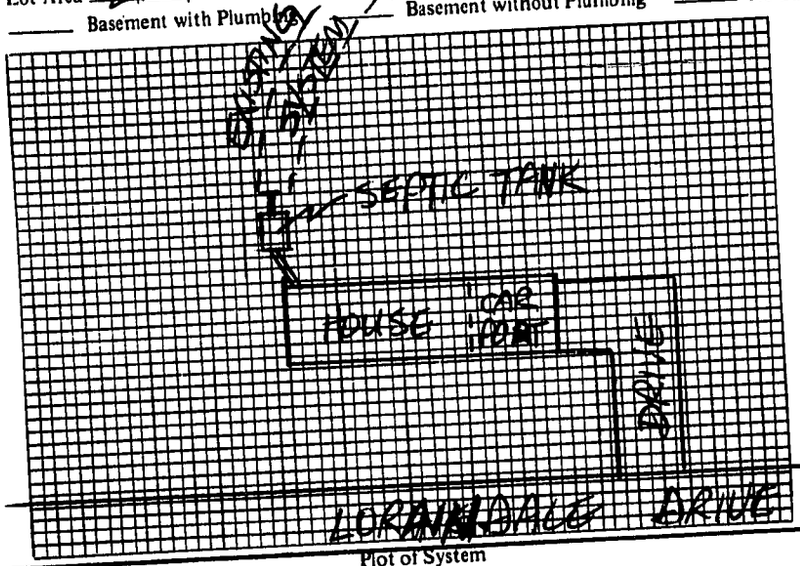
No. of Lines 32 TON PIT

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)



Plot of System

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 6/7/91

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