40464 Ricky tally

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

13010

OWNER OR CONTRACTOR REECE K. WILLIAMS DATE 10/11/91 PERMIT NO. PART OF 13M-A-51

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS RD, TL FRIENDSHIP RD, ON (L) JUST PAST 2ND BUSSELL RD. INTERSECTION

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 300 X 400

Character & Porosity of Soil PS

Percolation Rate .35 GPD / FT2

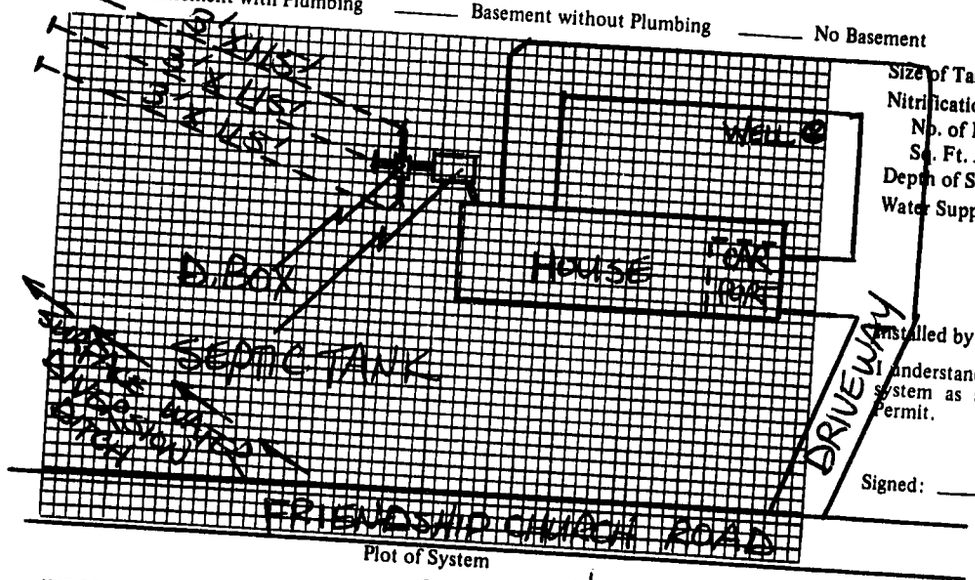
Topography 6-8% HS

Depth to Water Table >24'

Rock or other impervious formations NONE

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

TP 2/28/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL

Public ( )

Installed by JOHN MENSCER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK

EXISTING SYSTEM CHECKED BY: _____ DATE 10/11/91

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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