4760712918

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 Robert Blackwelder DATE June 30, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 2383 (Shinnville Rd) on Right across from 2382 (Brawley Rd.) S. R. No. _____

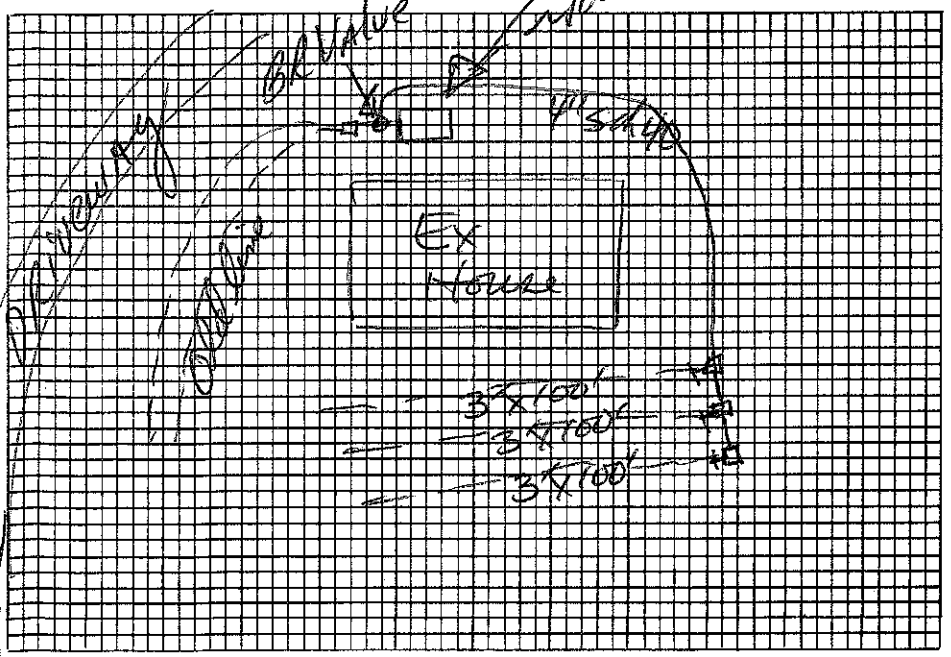
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	1		
Garbage Disposal Unit	Yes ( )	No	(✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes ( )	No	(✓)	Percolation Rate	4
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	1079
Site ~~Suitable~~ PS	Yes ( )	No	( )	Depth to Water Table	44
				Rock or other impervious formations	none obs.

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot 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 Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY SR 2383

COMMENTS: Plumb washing machine, etc into main plumbing if not done.

CERTIFICATE OF COMPLETION BY Orbison, RS DATE 6-30-89

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