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IREDELL COUNTY HEALTH DEPARTMENT

09527

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Tom Gusler DATE Nov. 1, '89 PERMIT NO. 4H-B-28pt.

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR2383 (Shinnville Rd.) TL 2382 (Brawley Rd.) ¼ mile on Right S. R. No. _____

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

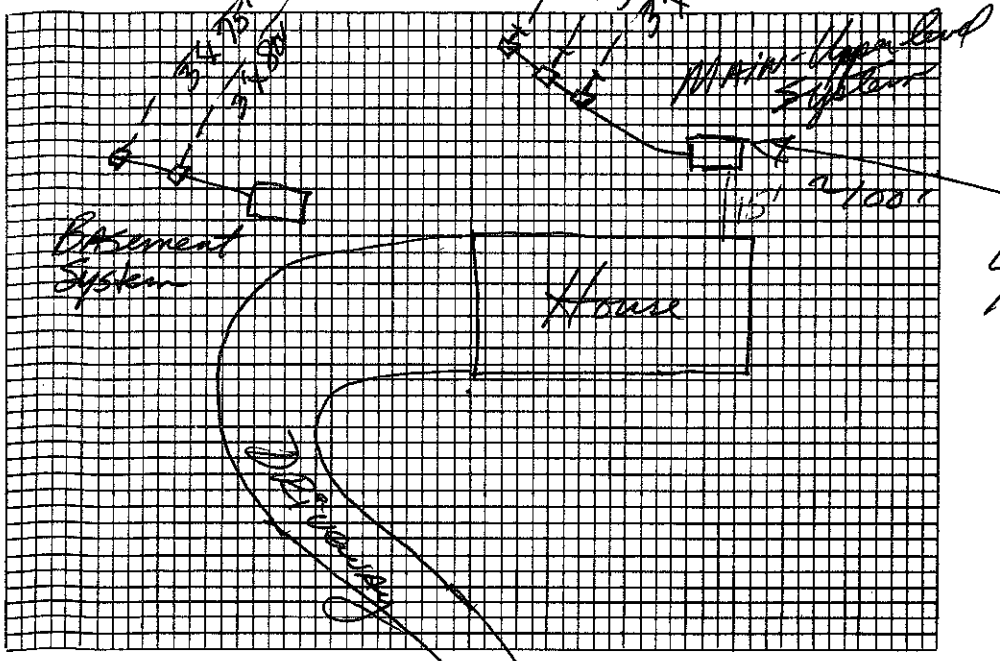
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~15% terraced	
Site Suitable PS	Yes ( )	No ( )	Depth to Water Table	3½'+	
			Rock or other impervious formations	none obs.	

Lot Area 13 Ac. +/-

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Split System
Upper-Main
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 ft Linear Ft. 300 ft
Depth of Stone in Lines 12"
Water Supply: Individual (✓) Public ( )
Well
Lower-Basement System
1000 gal tank, 150 lin ft. +
Installed by Robison

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ DRH

COMMENTS: SR2382

CERTIFICATE OF COMPLETION BY M. Hinson, PS. DATE 11-1-89

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