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 PRO Com Group Home DATE 7-26-89 PERMIT NO. D-11

PHONE: Business _____ Home _____

LOCATION 64E 1/2 mi on Rt Past Greenbrair Rd

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

Repair by System Replacement

House ( ) Mobile Home ( ) Business ( ) Other Group Home 5 Residences 5 Staff

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Clayey

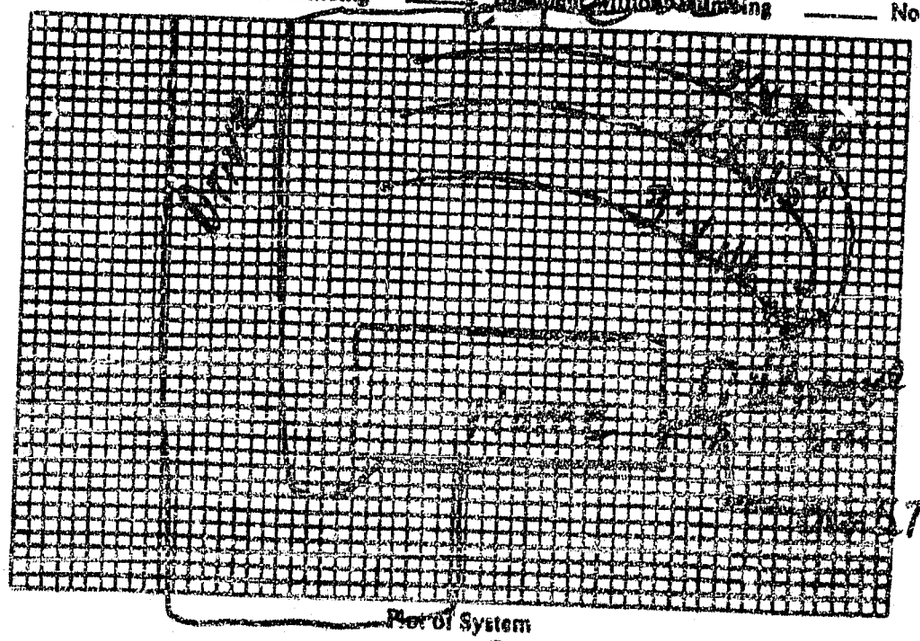
Percolation Rate .4

Topography 2 to 6%

Depth to Water Table 4 ft

Rock or other impervious formations none

_____ Basement with Plumbing Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Nash Stone Salisbury NC.

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. moore

COMMENTS: old S.T. was pumped out & back filled with dirt.

CERTIFICATE OF COMPLETION BY P. C. moore DATE 7-26-89

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