IREDELL COUNTY HEALTH DEPARTMENT

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

06396

OWNER OR CONTRACTOR BOBBY / J.C. COMBS DATE 4/25/91 PERMIT NO.

PHONE: Business Home

LOCATION US64E, TR BELL RD, 1/8 MI ON (R)

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

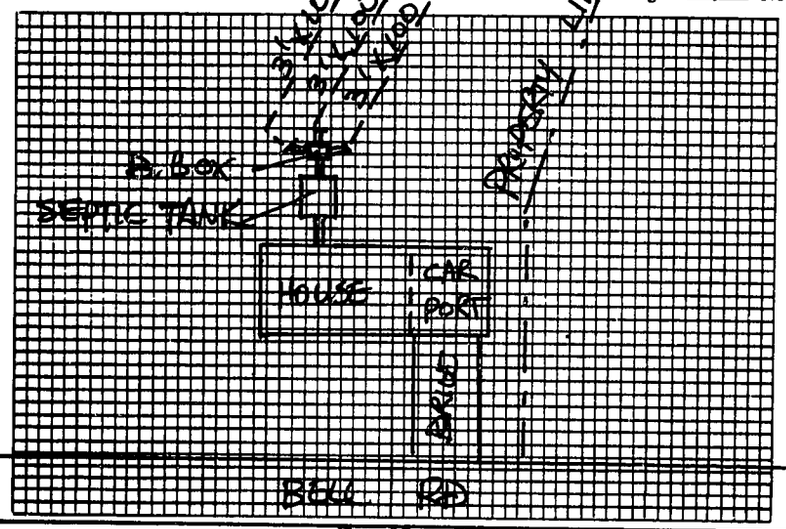
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 1 1/2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate 4 GPD / FT2
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations NONE

Lot Area .59AC

✓ ~~Basement with Plumbing~~ Basement without Plumbing ✓ No Basement ACP 6/20/90



Plot of System

Size of Tank 1000 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 RAY HUSTETLER

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

Signed:

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: NO STEPDOWNS REQUIRED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/25/91

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