IREDELL COUNTY HEALTH DEPARTMENT 4770297455

Repair

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

OWNER OR CONTRACTOR Mrs Ray Cook DATE 6/11/91 PERMIT NO. ———

PHONE: Business ——— Home ———

LOCATION Triplett Rd, Mapp TL on Triplett, X creek, to first grey house on (L) S. R. No. 2362

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

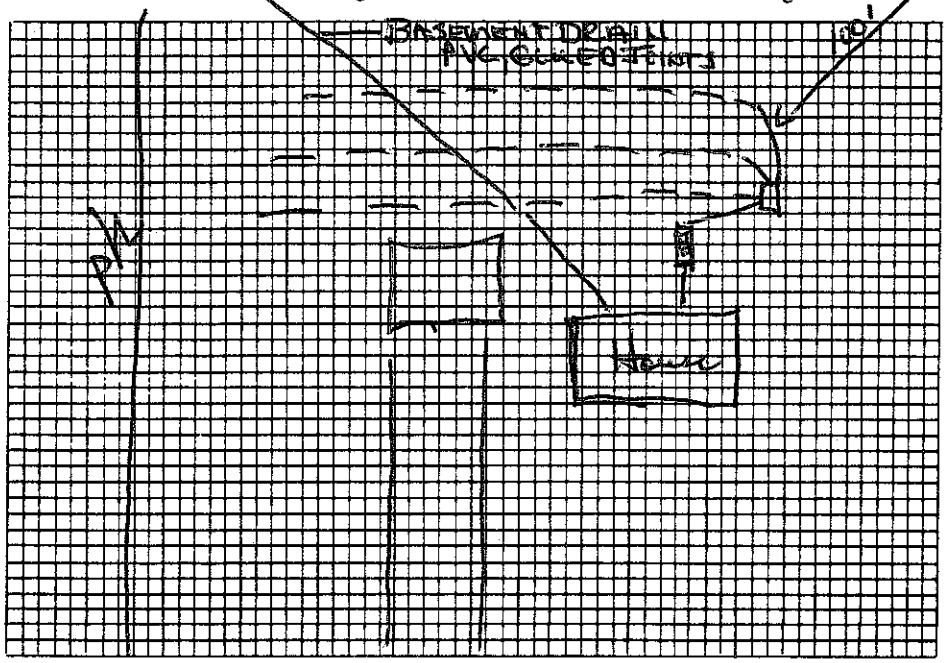
House (✓) Mobile Home ( ) Business ( ) Other ———

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay - sandy clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-40%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	>48"
			Rock or other impervious formations	No

Lot Area 20,000 FT²

___ Basement with Plumbing ✓ Basement without Plumbing ___ No Basement



Plot of System

EXISTING
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 @ 80' x 3'
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12-13"

Water Supply: Individual (✓)
Public ( )

Installed by Cuth Benson

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

Signed: ———

IMPROVEMENTS PERMIT BY ———

COMMENTS: ———

CERTIFICATE OF COMPLETION BY Wesley Sparks DATE 6/11/91

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