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IREDELL COUNTY HEALTH DEPARTMENT

11987

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

OWNER OR CONTRACTOR Brad Hall DATE Nov. 7, '90 PERMIT NO. 5-A-A-30

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 1001 (Amity-Ostwalt Rd.) TR 2362 (Triplett Rd.) 1/10 mile on Right S. R. No. _____

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

DW

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

No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil Sandy clay
Percolation Rate 2 4
Topography 2 4
Depth to Water Table 4
Rock or other impervious formations none obs.

Lot Area 1.15 Ac.

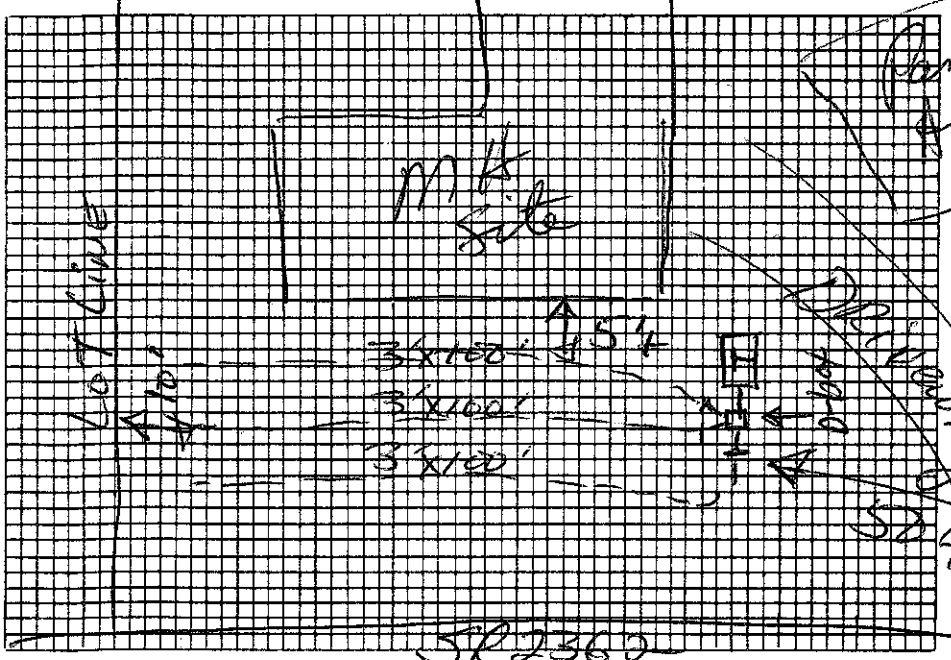
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Repair

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 Dennis Gallimore

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

Signed: _____

P & Well site

IMPROVEMENTS PERMIT BY DRH

COMMENTS: M.H. not on site. Well not installed.

CERTIFICATE OF COMPLETION BY D R Hinson, EHS DATE 11-7-90

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