IREDELL COUNTY HEALTH DEPARTMENT

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

12734

OWNER OR CONTRACTOR C. W. BEAVER DATE 4/25/91 PERMIT NO. SF-A-15

PHONE: Business _____ Home _____

LOCATION TRIPLETT RD AT ROWAN RD

S. R. No. _____

SUBDIVISION NAME C.W. BEAVER LOT NO. 22 SECTION OR BLOCK NO. _____

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

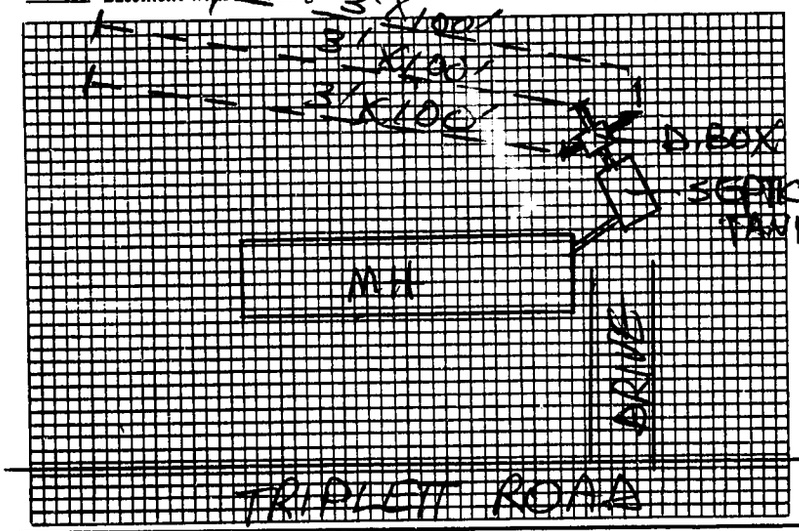
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	.4 GPD / FT2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	NONE

Lot Area 100' X 200'

RST 12/6/90

_____ Basement with Plumbing 3+ Basement without Plumbing ✓ No Basement



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 (✓) WELL
Public ( ) NEXT DOOR

Installed by BILL CHAMBERSON

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: _____

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