PERSELL COUNTY HEALTH DEPARTMENT

SEPTIC TANK; IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
Standard Absorption Sewage Disposal System – G.S. Chapter 130-Article 11C

Owner [redacted] Permit No. [redacted]

Property Address [redacted]

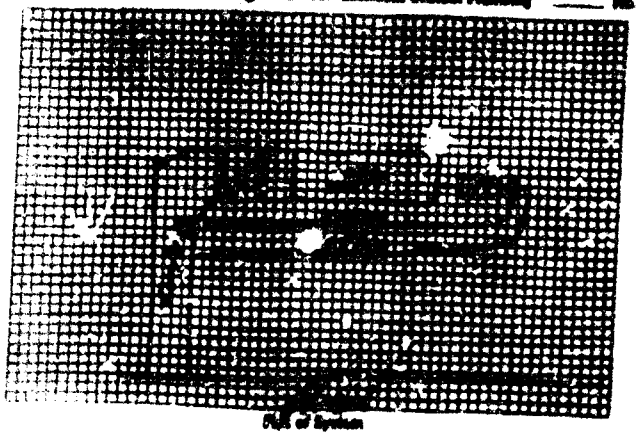
Location [redacted]

Subdivision Name [redacted] Lot No. 21 Section or Block No. [redacted]

House ( ) Mobile Home (✓) Business ( ) Other [redacted]

No. Bedrooms 2 No. Bathrooms 1½ Classification & Percolation of Soil suitable
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate [redacted]
Auto. Dishwasher Yes (✓) No ( ) Topography [redacted]
Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table [redacted]
Site Suitable Yes (✓) No ( ) Rock or other impervious formations [redacted]
Lot Area [redacted]

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Distribution Field:
No. of Lines 3
Sq. Ft. 300 Lines: Ft. 240
Depth of Stone in Lines 12"
Water Supply Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed _____

IMPROVEMENTS PERMIT BY [redacted]

COMMENTS Keep well at least 50 from ST System

CERTIFICATE OF COMPLETION BY [redacted] DATE 6-27-84

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 Inspector Sign. Copy: Yellow Installer's Copy: Pink Owner's Copy: Gold