IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12047

OWNER OR CONTRACTOR LEON BARKER DATE 10/30/90 PERMIT NO 12N-1-A-43/44

PHONE 546-2231 Home

LOCATION US 21 N ON (R) PAST MT. BETHEL RD

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House ( ) Mobile Home ( ) Business ( ) Other 28 SEAT RESTAURANT

No. Bedrooms X No. Bathrooms X

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

Lot Area AMPLE

Basement with Plumbing Basement without Plumbing No Basement

Character & Porosity of Soil PS

Percolation Rate 5

Topography 4-6%

Depth to Water Table 54"

Rock or other impervious formations NONE

SCL 9/19/90 1000 GREASE TRAP

SCL 9/19/90 1500 S.T. Gals.

Size of Tank

Nitrification Field:

No. of Lines 5

Sq. Ft. 2250 Linear Ft. 750

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by WAYNE POPS

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

Signed:

Plot of System

IMPROVEMENTS PERMIT BY Steve Hoover / J C Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY Steve Hoover DATE

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