18446

# IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Raymond Buck DATE 8-24-89 PERMIT NO. 48

PHONE: Business _____ Home _____

LOCATION 21W Rt Bethel Shaw 1st Hse on Right

_____ S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( ✓ )

Auto. Dishwasher Yes ( ✓ ) No ( )

Auto. Wash. Machine Yes ( ✓ ) No ( )

Site Suitable Yes ( ✓ ) No ( )

Lot Area Ample

Character & Porosity of Soil Appr suitable

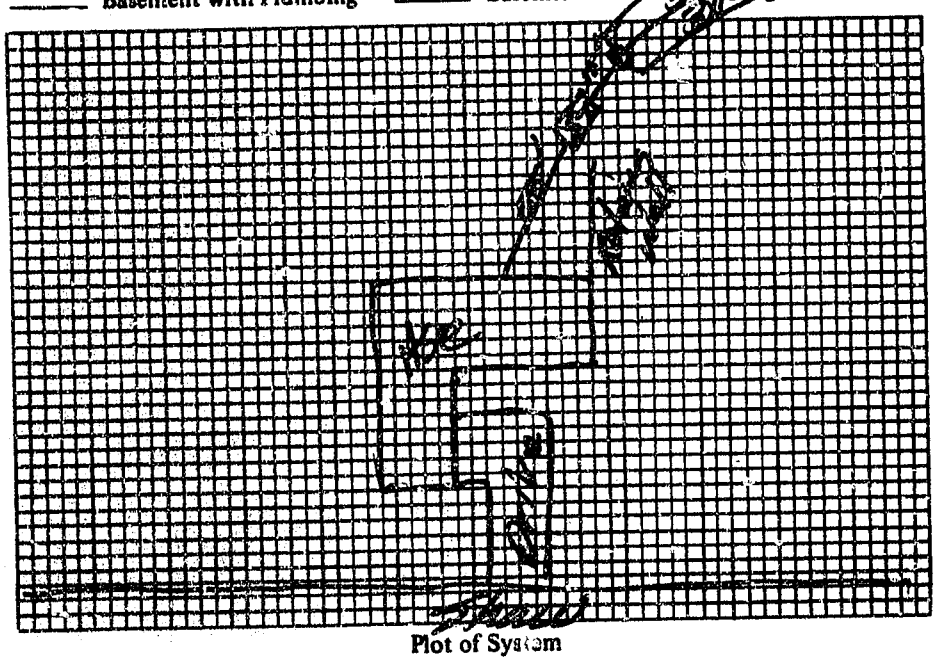
Percolation Rate 30 2nd 27"

Topography 2nd 27" 10 1"

Depth to Water Table _____

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( ✓ )
Public ( )

Installed by Tommy Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY R Williams

COMMENTS: Clean out every 50'

CERTIFICATE OF COMPLETION BY R Williams DATE 8-24-89

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