IREDELL COUNTY HEALTH DEPARTMENT

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

10517

OWNER OR CONTRACTOR Robert Prescott DATE 10589 PERMIT NO. IJ-A-90 PT

PHONE: Business _____ Home _____

LOCATION 21N R Mt Bethel / Rimrock R Bartner 3rd drive to right MH at end S. E. No. _____

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

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

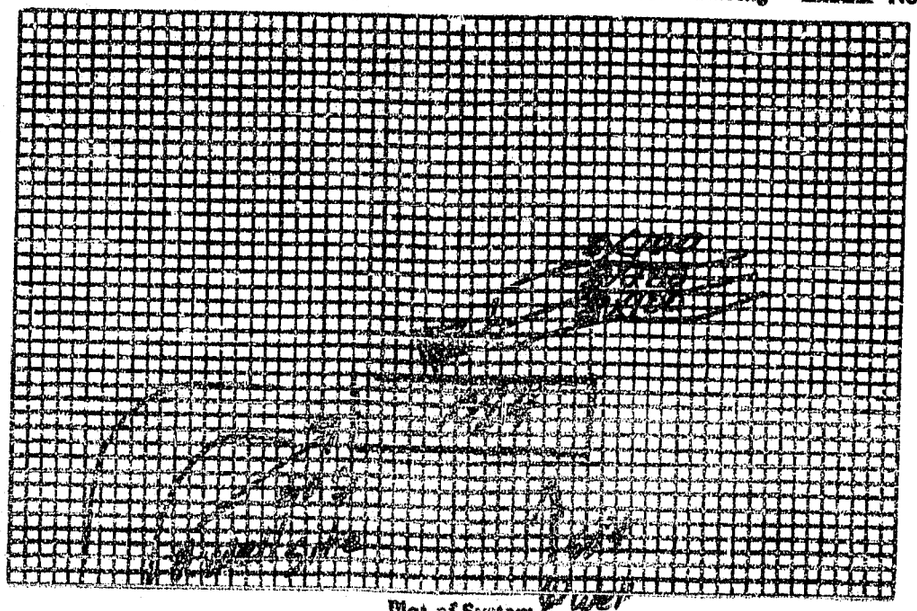
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 Ac

Character & Porosity of Soil Sandy Suitable
Percolation Rate 1" in 4'
Topography Slope
Depth to Water Table 6 ft
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Watts

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

Signed: _____

IMPROVEMENTS PERMIT BY Dickens

COMMENTS: Keep well at least 50' from ST system

CERTIFICATE OF COMPLETION BY Dickens DATE 10589

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