08664

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 Rhonda Parsons DATE 9/21/88 PERMIT NO. 8-B

PHONE: Business ______ Home ______

LOCATION 21 N to Harmony, Rt on 901, Lf on Gilford, Pass County Line, Lf on Private Drive Immediatly past county line (no sign) Hse at end ... 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 ( )

Character & Porosity of Soil Prov Suitable

Percolation Rate 0.4 gpd/ft²

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none noted

Lot Area ______

______ Basement with Plumbing X Basement without Plumbing ______ No Basement

Size of Tank 1000 Gals.

Nitrification Field: 3

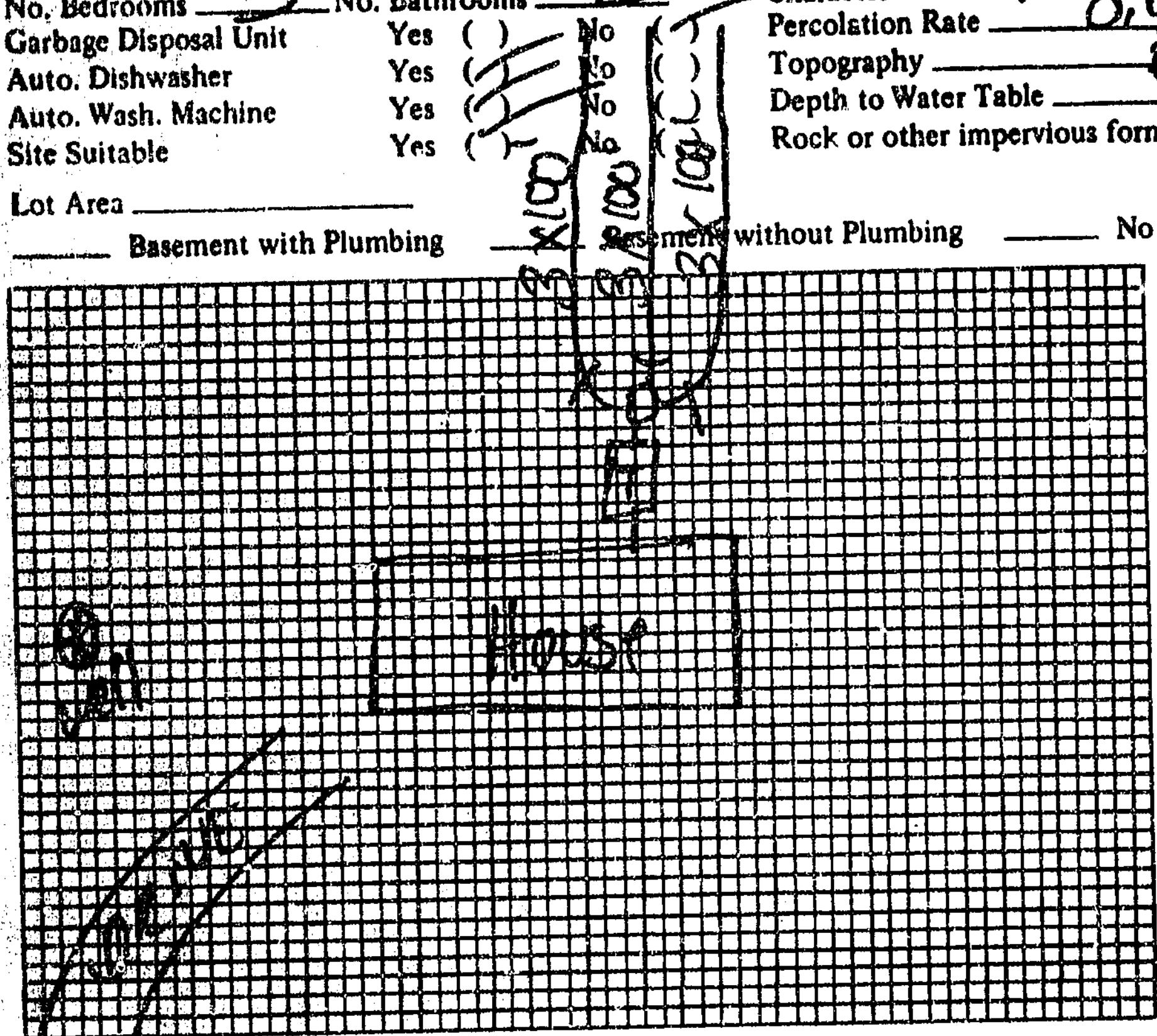
No. of Lines

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by Carolina Lawn & Landscaping

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

Signed: ______

IMPROVEMENTS PERMIT BY Glenn Fox RS

COMMENTS: Layout change accepted 9/21/88 by RRS.

CERTIFICATE OF COMPLETION BY [signature] DATE 9/21/88

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