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 10603 David Bustle DATE 102789 PERMIT NO. 14-A-72

PHONE: Business _____ Home _____

LOCATION: 115N L Damascus NH 2Mi on Left

S. R. No. _____

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

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

Inhabe

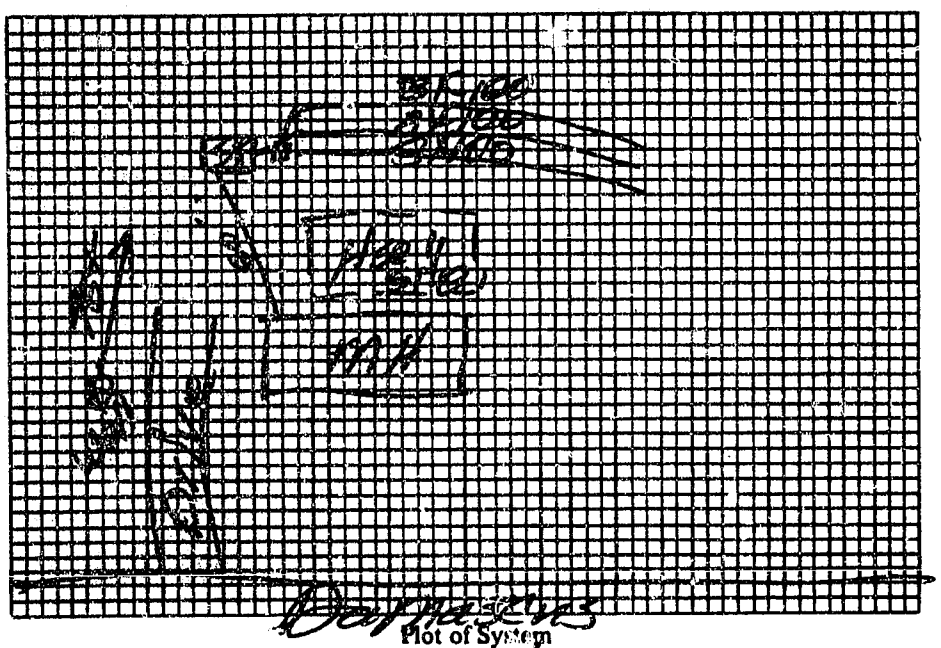
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2.05AC

Character & Porosity of Soil prev suitable
Percolation Rate 2@84
Topography 10
Depth to Water Table None
Rock or other impervious formations

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1260 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Dlilegan

COMMENTS: Use clean outs every 50ft

CERTIFICATE OF COMPLETION BY Dlilegan DATE 102789

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