IREDELL COUNTY HEALTH DEPARTMENT

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

9788

OWNER OR CONTRACTOR Sherry Combs DATE 5-2-89 PERMIT NO. A2

PHONE: Business _____ Home _____

LOCATION 145N & Linneys Mill 1.1 mi past Barkers Grove On Right

_____ S. R. No. _____

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

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

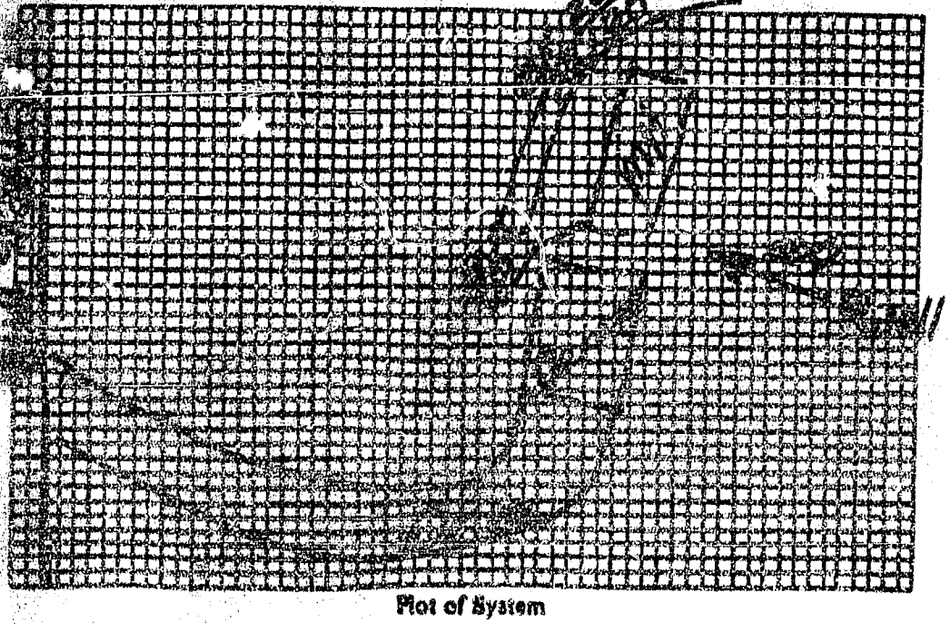
Site in future

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil Gray Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 30
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Level
Site Suitable	Yes ( )	No ( )	Depth to Water Table 10'
			Rock or other impervious formations None

Lot Area Ample

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by A1 Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY D Wilson

COMMENTS: Cleanouts must be used every 50 ft

CERTIFICATE OF COMPLETION BY D Wilson DATE 5-2-89

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