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# 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 Colon Barker DATE 5-23-90 PERMIT NO. D-

PHONE: Business _____ Home _____

LOCATION Off Ryan-Friendship 1/2 mile on left Down from Garage S. R. No. _____

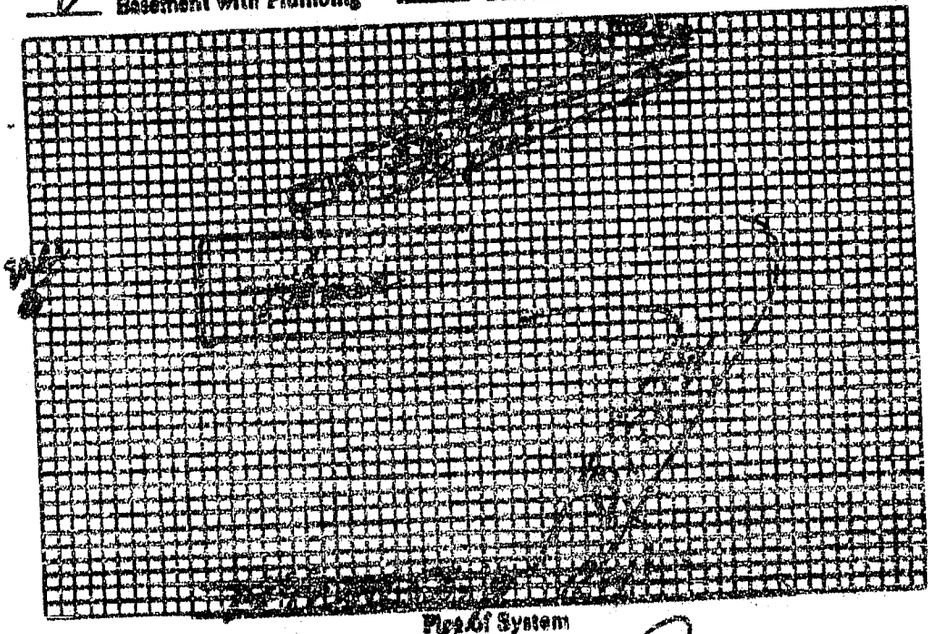
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

| | | | | | |
|---|---|---|---|---|---|
| No. Bedrooms | 3 | No. Bathrooms | 3 | | |
| Garbage Disposal Unit | Yes ( ) | No | (✓) | Character & Porosity of Soil | Good Suitable |
| Auto. Dishwasher | Yes (✓) | No | ( ) | Percolation Rate | 3 |
| Auto. Wash. Machine | Yes (✓) | No | ( ) | Topography | 2 - 6% |
| Site Suitable | Yes (✓) | No | ( ) | Depth to Water Table | 18" |
| | | | | Rock or other impervious formations | None |

Lot Area 46.85 Ac

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Plan of System

Installed by _____

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

Signed: Mrs. Colon B. Barker

IMPROVEMENTS PERMIT BY _____

COMMENTS: Void Layout Dated 5/23/89

CERTIFICATE OF COMPLETION BY _____ DATE _____

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