IREDELL COUNTY HEALTH DEPARTMENT

36656

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

1102A

OWNER OR CONTRACTOR JAMES ERWIN DATE 1/4/90 PERMIT NO. 15F-A-67 PI

PHONE: Business _____ Home _____

LOCATION 115 N. TR PROSPECT, CORNER OF MORGAN FORD ON (L) S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 2 1/2

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

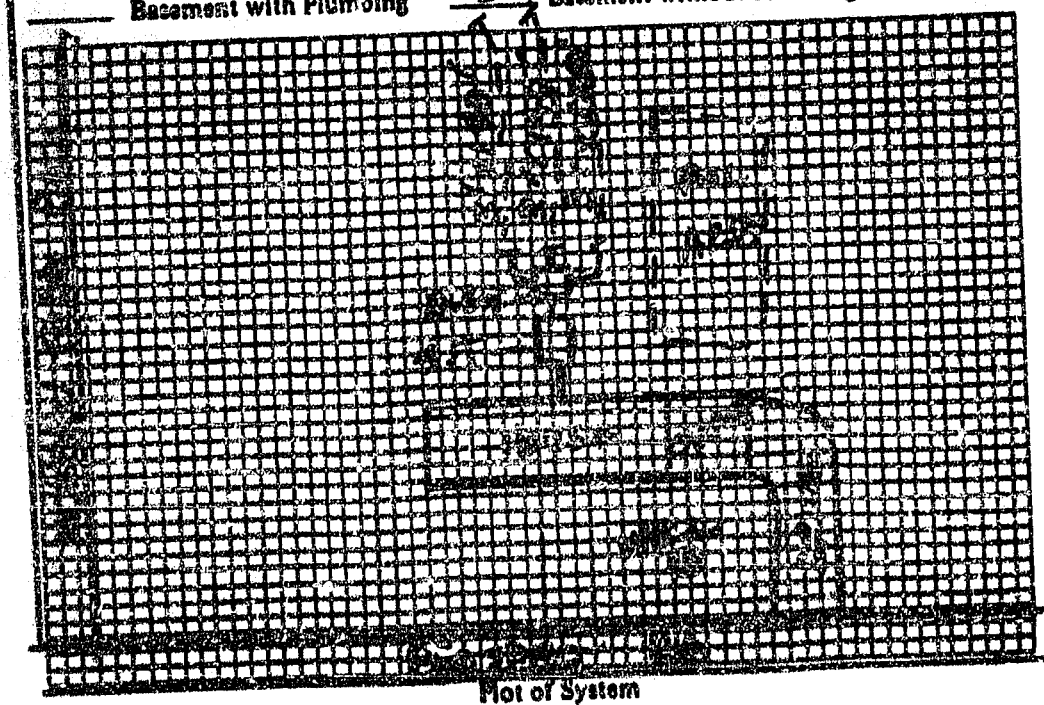
Character & Porosity of Soil .4 P.S.
Percolation Rate 2-10"
Topography lot
Depth to Water Table _____
Rock or other impervious formations SCATTERED ROCK

Lot Area 5 AC

_____ Basement with Plumbing (✓) Basement without Plumbing _____ No Basement

1250 STP
Size of Tank ~~1000~~ Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by DENNIS GALLIHER

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

Signed: _____

IMPROVEMENTS PERMIT BY D. WEAVEN

COMMENTS: ① KEEP POOL 15' MINIMUM FROM SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HENDRICK / GLENN FOX, JR DATE 1/4/90

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