# IREDELL COUNTY HEALTH DEPARTMENT

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

10908

OWNER OR CONTRACTOR Jane Bundy DATE 12 29 89 PERMIT NO. 11-H-A-85

PHONE. Business _____ Home _____

LOCATION 77N 2901 1½ mi L Pioneer R Sloansmill L Pennick
1st Hse on Right S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Add Bedroom + Garage + Kitchen

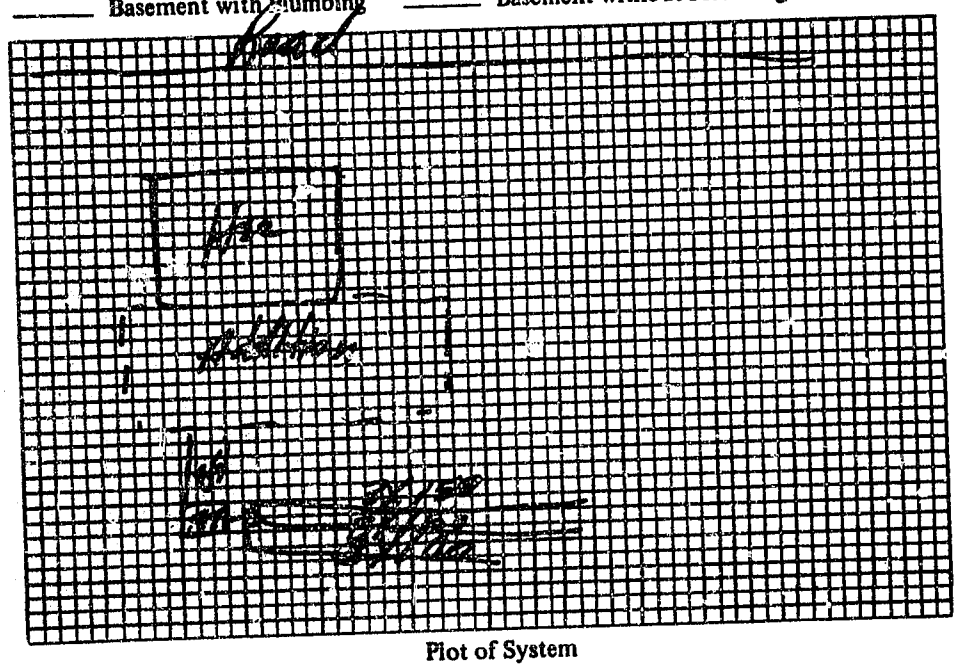
No. Bedrooms 4 No. Bathrooms 2

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

Lot Area Ample

Character & Porosity of Soil Gravelly suitable
Percolation Rate 2 to 8"
Topography Rolling
Depth to Water Table NE
Rock or other impervious formations Scattered Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 420 Linear Ft. 420
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Frye Grading + Repair

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

Signed: _____

IMPROVEMENTS PERMIT BY R Williams

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R Williams DATE 12 29 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