Quincey Bussell on Terminal

41333

# IREDELL COUNTY HEALTH DEPARTMENT

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

13539

OWNER OR CONTRACTOR FRANKLIN RAY WHITE DATE 10/9/91 PERMIT NO. 16M-A-26

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR NC 901 E, TL WARREN BRIDGE ROAD, ON (R) JUST BEFORE MITCH ROAD S. R. No. _____

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

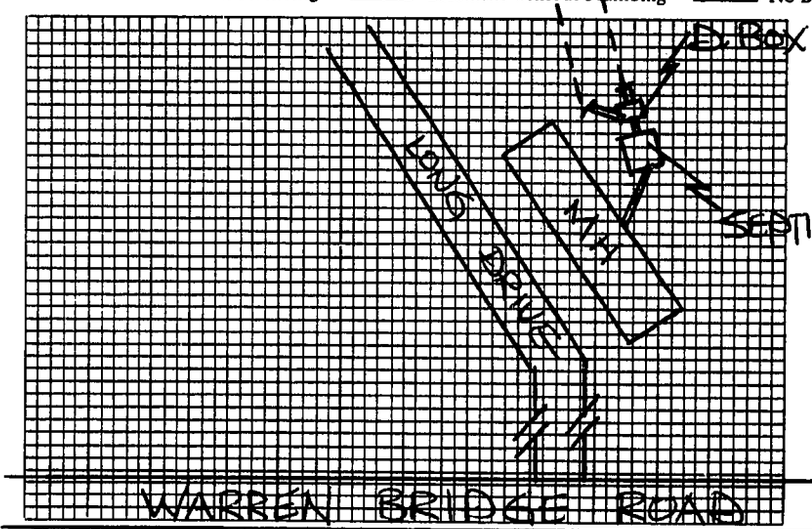
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | PS |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | .35 GPD / FT² |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 4-6% E S |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | >4' |
| | | | Rock or other impervious formations | NONE |

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ACP 8/26/91




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/9/91

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