IREDELL COUNTY HEALTH DEPARTMENT

37979

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

11910

OWNER OR CONTRACTOR RILYNE DOWELL DATE 8/28/90 PERMIT NO. 16M-A-61pt

PHONE: Business _____ Home _____

LOCATION JENNINGS RD off (R) at NC 901

S. R. No. _____

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

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

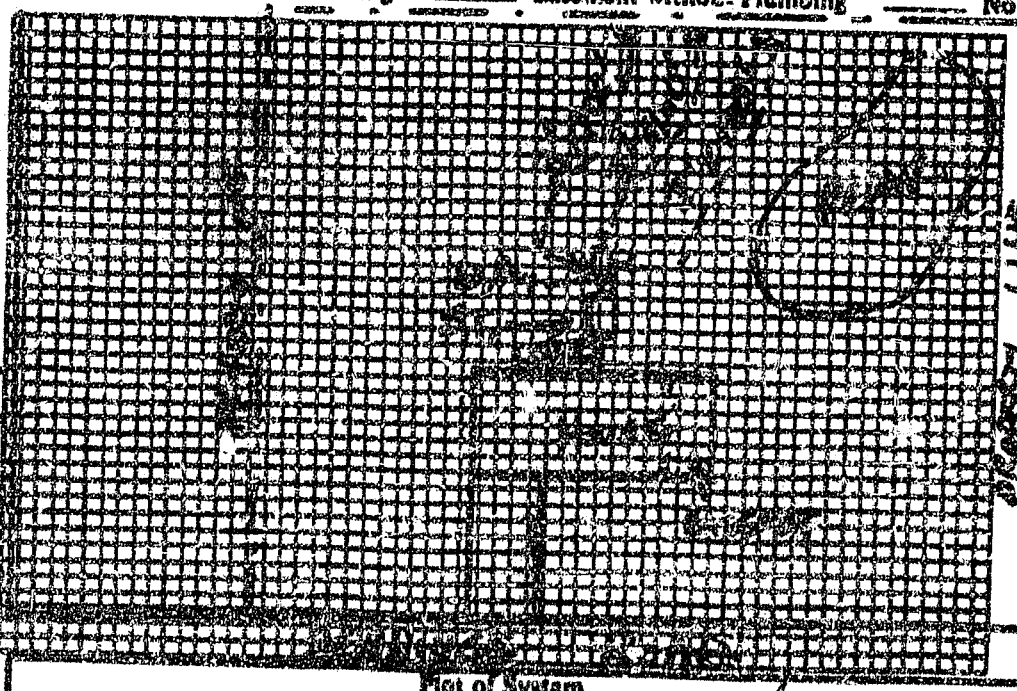
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2 AC

Character & Porosity of Soil PS
Percolation Rate 4
Topography 4-6%
Depth to Water Table >4'
Rock or other impervious formations SAPROLITE Rock

_____ 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 (✓)

Installed by JAMES Hudgins

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HENDRICK / STEVE BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HENDRICK / GLENN FOX, JR DATE 8/28/90

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