IREDELL COUNTY HEALTH DEPARTMENT

11672

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

OWNER OR CONTRACTOR FRANK M. HORVATH DATE 1/25/90 PERMIT NO 12H-A-45

PHONE: Business _____ Home _____

LOCATION 21 N TO HOUSTONVILLE RD CROSS CREEK TO ASBURY RD ~2 MI ON LEFT IN WOODED AREA S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) (Other) TEMPORARY - CAMPER

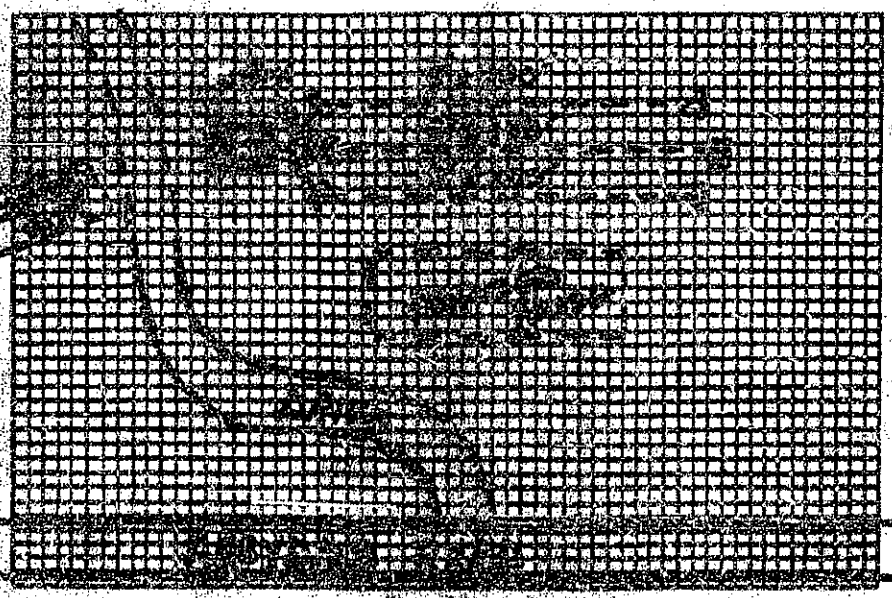
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil PROV. SUITABLE
Percolation Rate 4
Topography 2-10%
Depth to Water Table 10+
Rock or other impervious formations SCATTERED ROCK

Lot Area ACREAGE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Lineal Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by AAA ENTERPRISE

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

Signed: _____

IMPROVEMENTS PERMIT BY GLENN FOX JR

COMMENTS: ① KEEP WELL 100' MINIMUM FROM SEPTIC SYSTEM.

CERTIFICATE OF COMPLETION BY GLENN FOX JR / SAME HOUSE DATE 1/25/90

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