Bill Cochrane Property

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Donald J. Byers DATE 8/24/79 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION Hwy 64-70 W. T.R. 1st road Past Deer Trail Acres House back off of road on L. S. R. No. _____

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

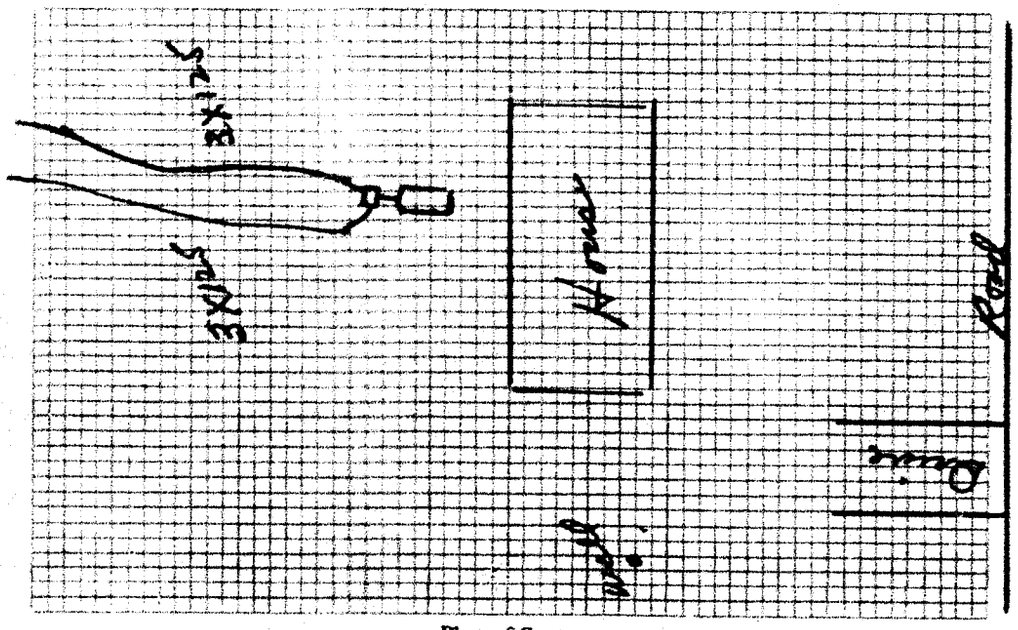
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Acreage

Character & Porosity of Soil Prov Suitable
Percolation Rate _____
Topography 2-6% Slope
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Ostwalt

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert surface water away from septic Tank + lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 8/24/79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold