09653

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 Jimmy & JANET CARTER DATE 3-31-89 PERMIT NO. 138

PHONE: Business _____ Home _____

LOCATION Lake T.L. on Old Mtn. Rd. - T.R. on Bewley Rd. - stay straight to end of pavement - 1st drive on left - 2nd house on left.

S. R. No. _____

SUBDIVISION NAME MOREAN HEIGHTS LOT NO. 15 & 16 SECTION OR BLOCK NO. _____

LAKEWIDE

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 Ample

Character & Porosity of Soil Fair - Suitable

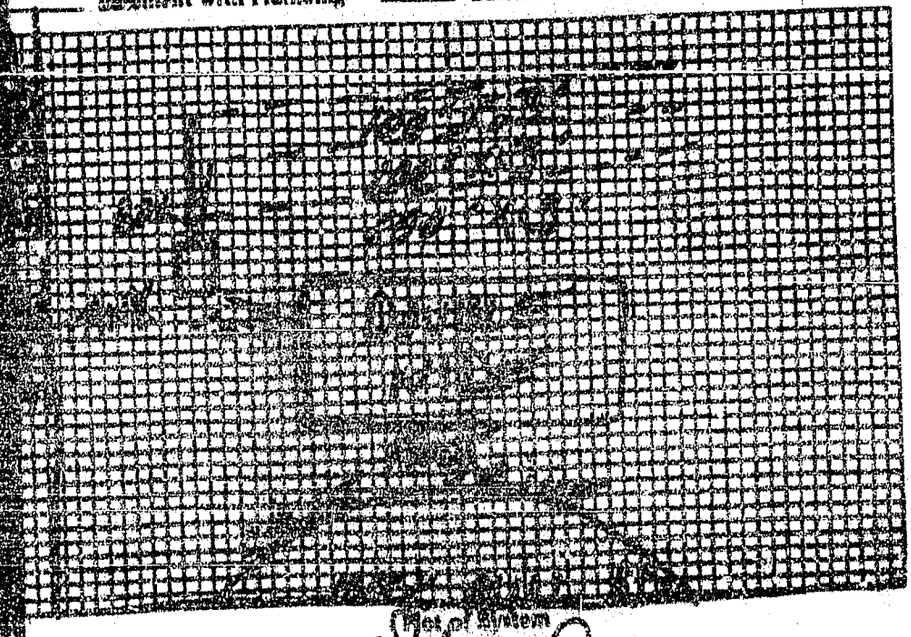
Percolation Rate 1" in 60 min.

Topography Level

Depth to Water Table 24"

Rock or other impervious formations None encountered.

_____ 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 24"

Water Supply: Individual (✓)
Public ( )

Installed by Cliff Farmer

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

Signed: _____

(Lot or System)

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-31-89

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