4624195098

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 Calvin Kellough DATE 10-15 11-12-96 PERMIT NO.

PHONE: Business Home 332-3647

LOCATION 1100 TR on 1236 at 2nd Fire Tower first left Then TR 200' on left S. R. No.

SUBDIVISION NAME CL:T LOT NO. 176 SECTION OR BLOCK NO. 6

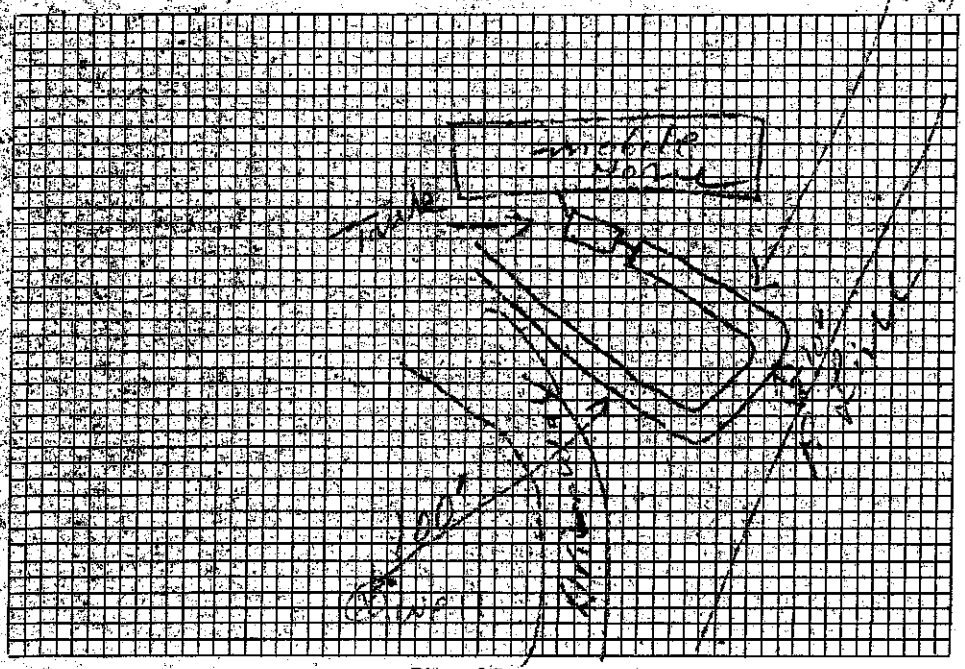
House ( ) Mobile Home (✓) Business ( ) Other

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 1.6 acres

Character & Porosity of Soil Clay loam (Porosity Fair)
Percolation Rate Soil borings
Topography 2-5% Slope
Depth to Water Table 10'+
Rock or other impervious formations None

Lake

Ditch 6 lines 2 lines



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by E. J. Ervin

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 11-12-96

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

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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____ Character & Porosity of Soil _____

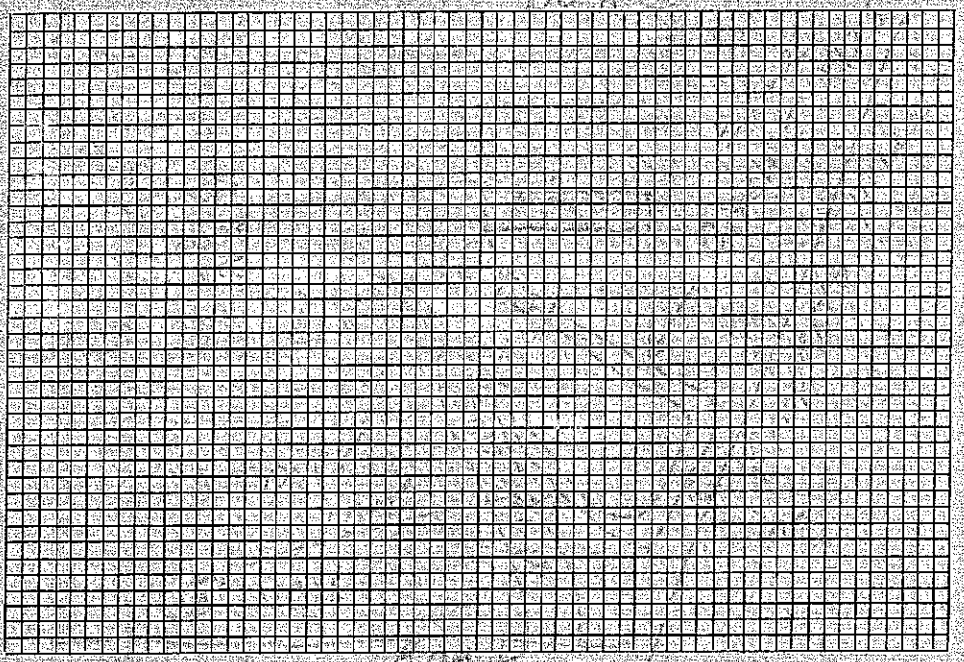
Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate _____

Auto. Dishwasher Yes ( ) No ( ) Topography _____

Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table _____

Site Suitable Yes ( ) No ( ) Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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