11730

IREDELL COUNTY HEALTH DEPARTMENT 4626-31-4805

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR David K. Blackburn DATE 9/5/90 PERMIT NO. EF-6-A-100

PHONE: Business _____ Home _____

LOCATION 1100 TR Chuckwood TR 2nd drive into Holiday Harbor TL onto Lakeland On left @ end S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 100 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes ( ) No ( )

Character & Porosity of Soil PS clay

Percolation Rate ~0.4

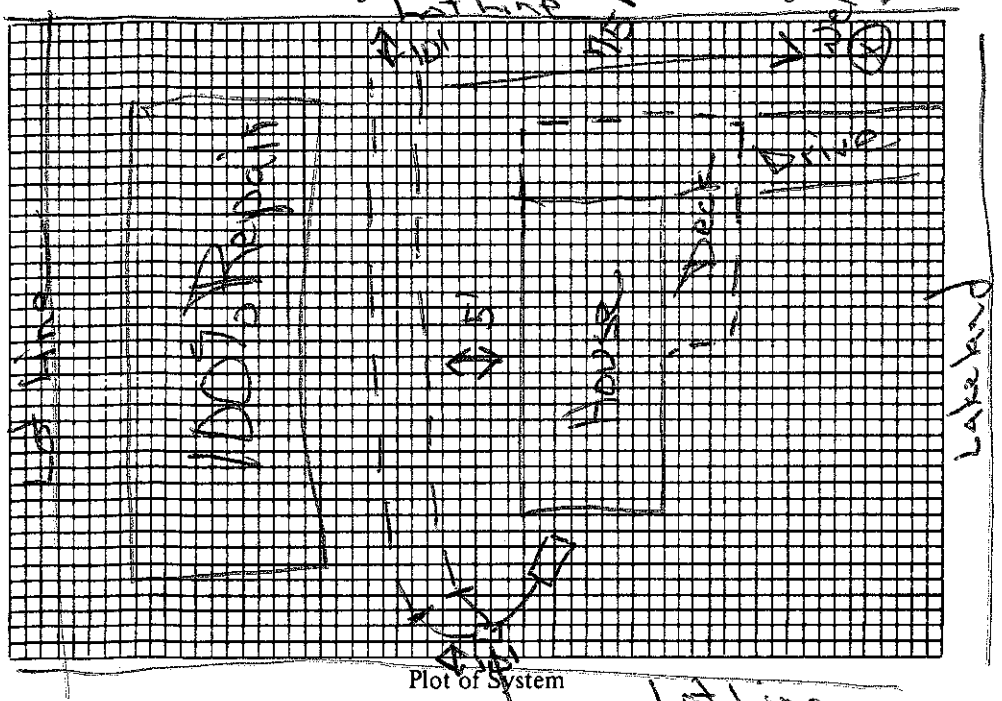
Topography 1-5% + 3'

Depth to Water Table _____

Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by FU Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: D-Box w/Speed Levelers

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 9/5/90

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