4626-67-8926

IV

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 Edward P. Longino DATE 6/12/89 ~~PERMIT NO.~~ 208

PHONE: Business _____ Home 664-6425

LOCATION 1100 TR Blume TL Beechtree 1.2 mile on Right S. R. No. _____

SUBDIVISION NAME CLT LOT NO. 490 SECTION OR BLOCK NO. 8

Davidson 2L-2-A-490

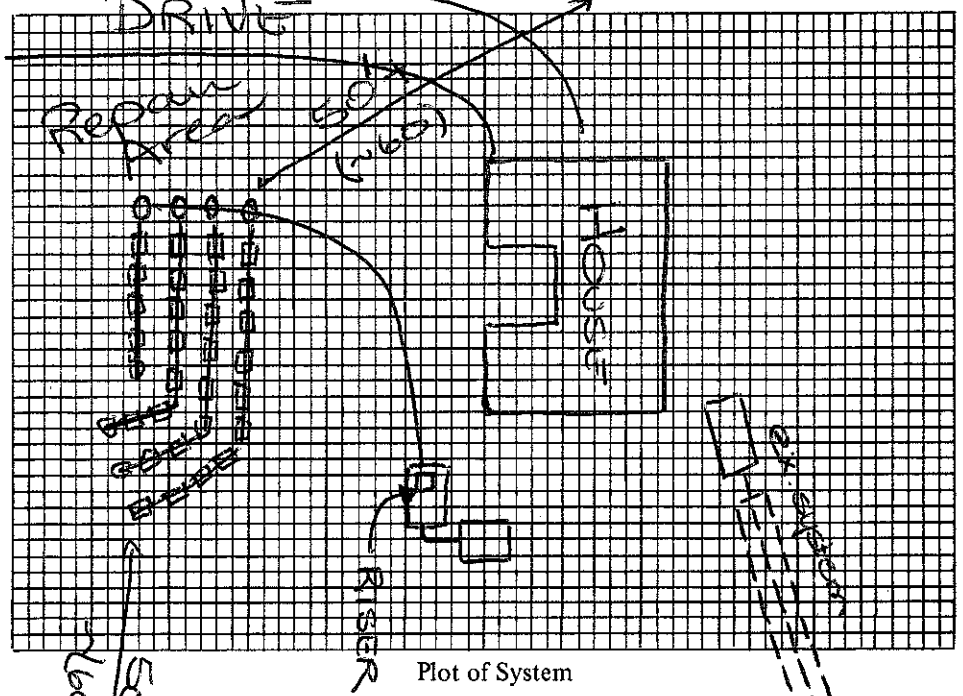
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	25 gpd/ft² (shallow clay)
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Good
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	9'+
			Rock or other impervious formations	none obs.

Lot Area _____

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Pump Tank: 1250

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 240' of

Depth of Stone in Lines 16" T and J panels

Water Supply: Individual (✓) Public ( )

Installed by Eddie/David County

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP w/ David Hinson, R.S.

COMMENTS: Split system.

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 6/12/89

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