4626854273

09993

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 Maddie Fern Stewart DATE May 30, '89 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100 TR 1115 (McKendree) 1/8-1/4 mile on Right

____ S. R. No. ____

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

House (✓) Mobile Home ( ) Business ( ) Other Adding bathroom & siding

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil ____

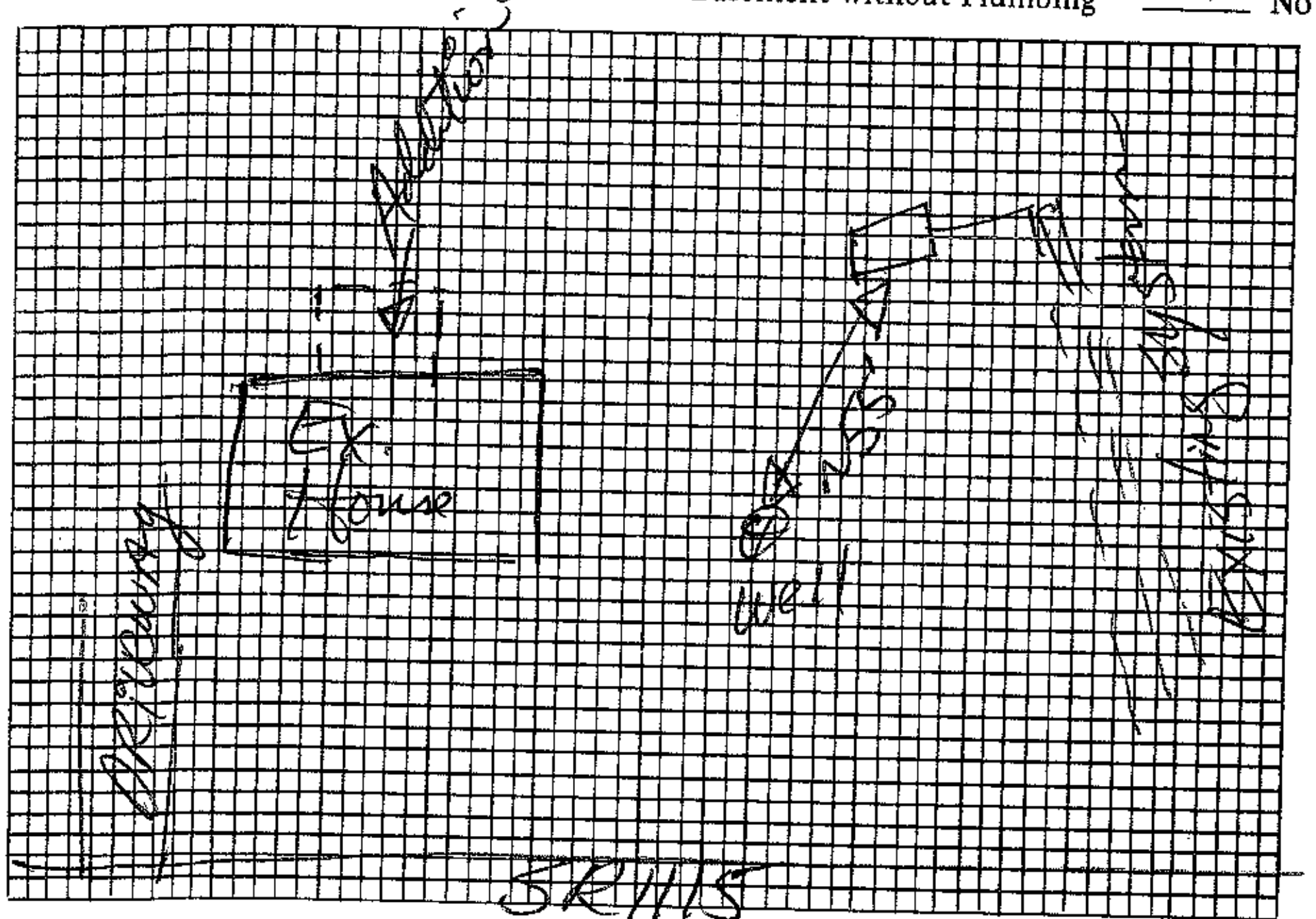
Percolation Rate ____

Topography ____

Depth to Water Table ____

Rock or other impervious formations ____

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. ____ Linear Ft. ____

Depth of Stone in Lines ____

Water Supply: Individual ( )

Public ( )

Installed by ____

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: Existing system showing no sign of malfunction. This system was laid out for mobile home which is no longer on property (Jo Ann Stewart 8-28-75, #201)

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY: David R. Hanson / RS DATE 5-30-89

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