0896

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 C. S. CAVENDISH JR. DATE 4-4-89 PERMIT NO. 17D.

PHONE: Business _____ Home _____

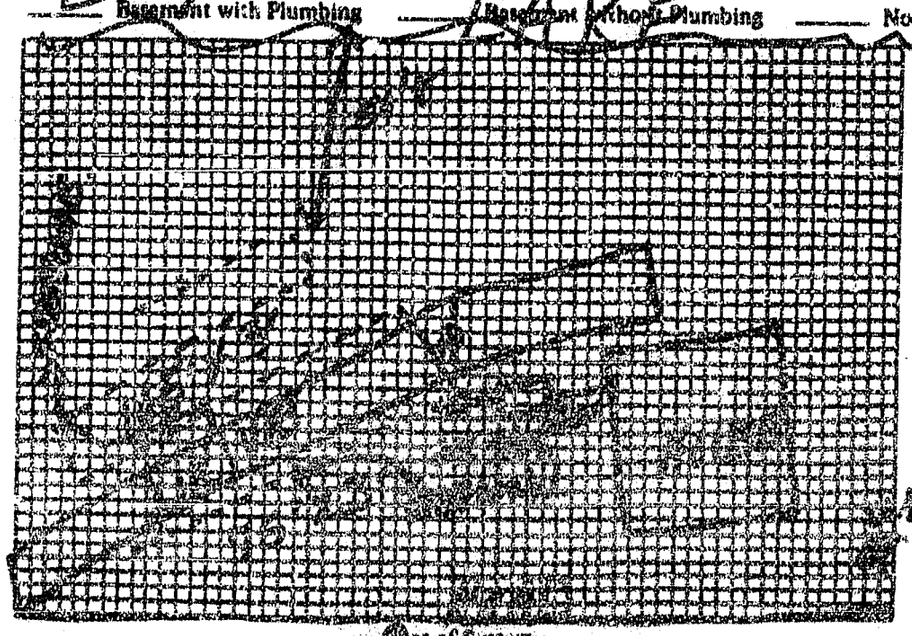
LOCATION Williamson Hwy to State Park Rd. T.R. on Penicillin Patch. - apart. 1st mail on left. S. R. No. _____

SUBDIVISION NAME SECTION 17 LOT NO. 124 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Prev. Suitable.
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 30 Min.
Auto. Dishwasher Yes (✓) No ( ) Topography Rolling
Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 24"
Site Suitable Yes (✓) No ( ) Rock or other impervious formations Not Noted.
Lot Area Acre.

_____ Basement with Plumbing _____ Basement without Plumbing ___X___ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2.
Sq. Ft. 720 Lineal Ft. 360
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lesley

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-4-89

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