4635 45 1319

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 John Tanis DATE Nov. 4, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 (Oaks of Pines) near end on left

_____ S. R. No. _____

SUBDIVISION NAME Oaks of Pines LOT NO. ? 16 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair (45)

No. Bedrooms 3 No. Bathrooms 3

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 Clay

Percolation Rate .3-.4

Topography 2%

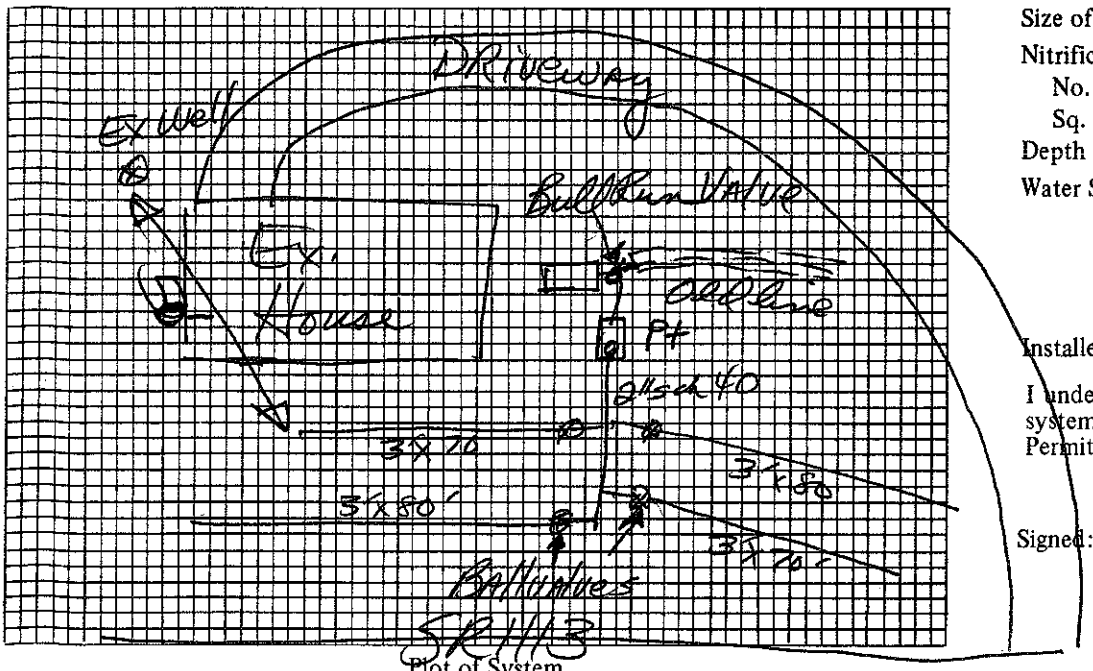
Depth to Water Table 3'+

Rock or other impervious formations none obs.

LAKE

1000 g.t.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by B&T Mechanical

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Alarm tested & working but not mounted inside yet.

CERTIFICATE OF COMPLETION BY _____ DATE 11-1-89

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