4635-48-7348

COPY

# 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 Richard Dancaster DATE 11/23/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL (Stutts Rd) TR 1st Shoreline Loop Bear left at water 500' on Rt. S. R. No. _____

SUBDIVISION NAME Bayview Estates LOT NO. 12 SECTION OR BLOCK NO. _____

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

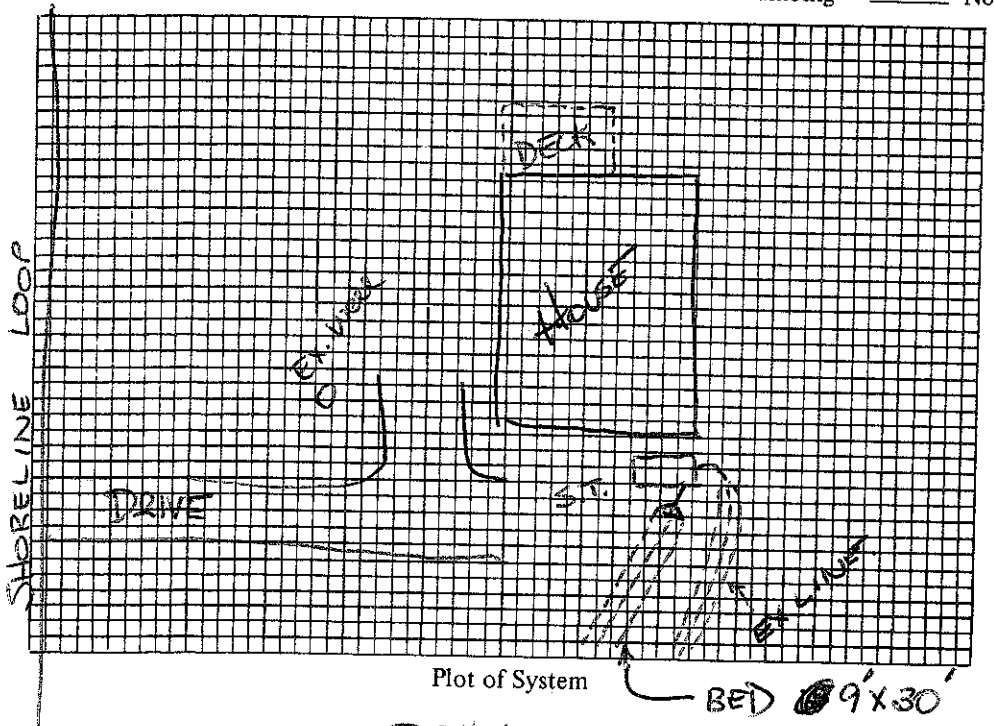
No. Bedrooms 3 No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | |
| Auto. Dishwasher | Yes (✓) | No ( ) | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | |
| Site Suitable | Yes (✓) | No ( ) | |

Character & Porosity of Soil Clayey
Percolation Rate ~4 gpd/ft²
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area EXISTING

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Size of Tank EXIST Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 270 Linear Ft. 90
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )
LAKE

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH, R.S.

COMMENTS: EXISTING SYSTEM — 9'x30' BED — 1 ft + separation b/n Lake and bottom of drainfield.

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 11/23/87

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