4635-58-0841

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 Claude J. Hartsell DATE 5-10-84 PERMIT NO. 130

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TR 1264 (Shoreline Dr.) on R past road 1269 Bayview Estates Lot 9 S. R. No. _____

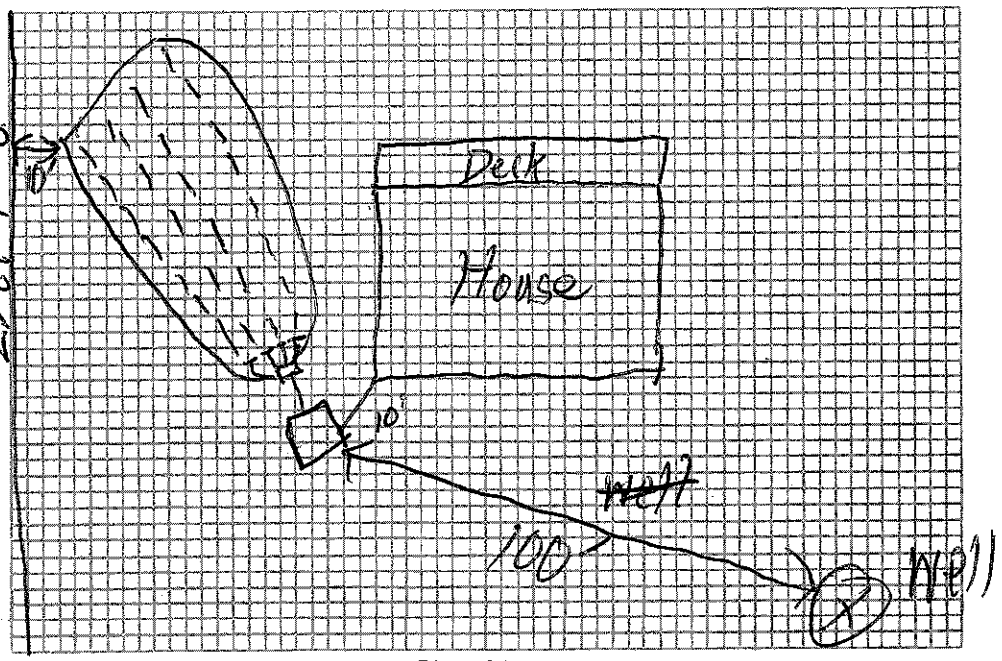
SUBDIVISION NAME Bayview Estates LOT NO. 9 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Modular Home

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	unknown
			Rock or other impervious formations	None

Lot Area 20,000±f2



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 16"

Water Supply: Individual (X)
Public ( )

Installed by Charles Moore

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer + David Hinson

COMMENTS: Existing System working O/C At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 5-10-84

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