IREDELL COUNTY HEALTH DEPARTMENT

10:15

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Melvin Dixon DATE 4-11-83 PERMIT NO. 90

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 TR 1267 Atend bear left on Left

S. R. No. _____

SUBDIVISION NAME Bayview Estates LOT NO. 31 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area ~20,000 Sq Ft

Character & Porosity of Soil Clay loam

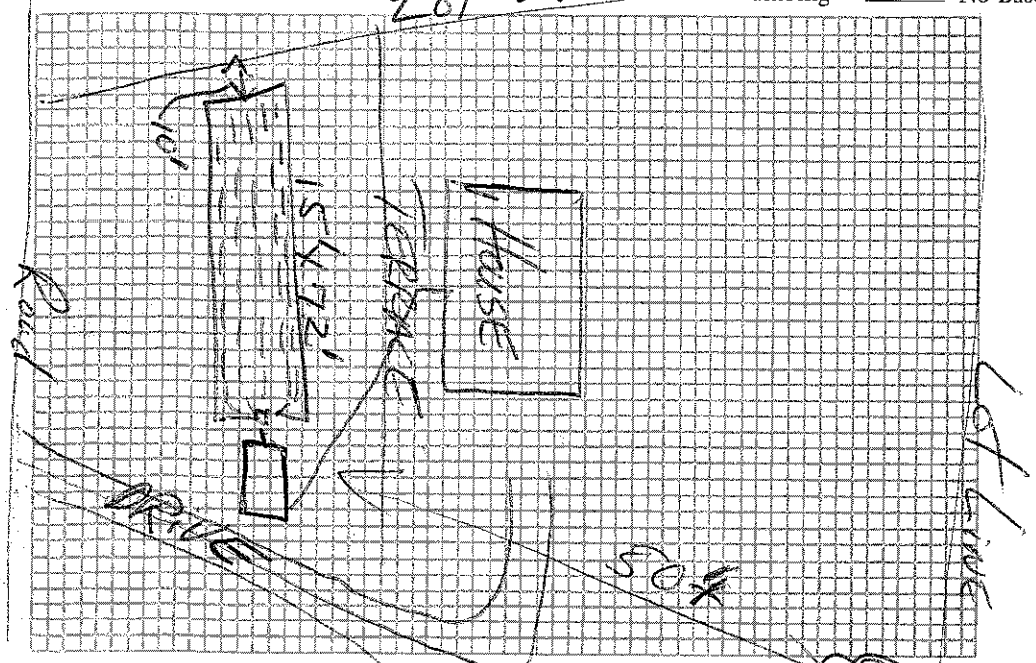
Percolation Rate .5 gal/sq ft/day

Topography 10-15% 1

Depth to Water Table 4 ft

Rock or other impervious formations None Observed

_____ Basement with Plumbing Lot Level Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1080 Linear Ft. 360'

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: Melvin Dixon

IMPROVEMENTS PERMIT BY Paul Clemmer

COMMENTS: Do not drive over tank, Stay 10' from Property Lines, Pipe off Roof drains

CERTIFICATE OF COMPLETION BY _____ DATE _____

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