4635-58-6128

# IREDELL COUNTY HEALTH DEPARTMENT

COPY

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jack Whitt DATE 8-9-85 PERMIT NO. 349

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 Atend Bear RT 1267 TL 1269 1st Lot on R ON CORNER BAYVIEW DR S. R. No. _____

SUBDIVISION NAME Bayview Estates LOT NO. 47 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

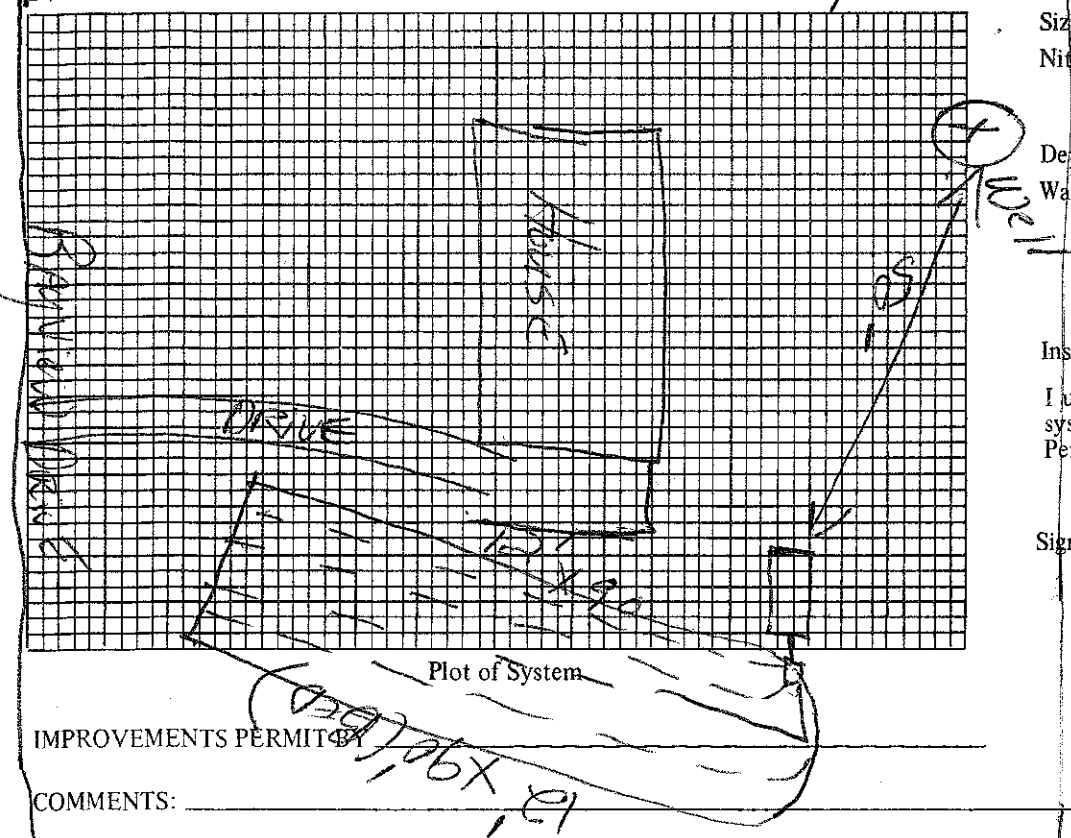
Garbage Disposal Unit Yes (X) No ( )
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Lot Area 20,000FT2

Character & Porosity of Soil CLAY/FT 2/clay
Percolation Rate 0.5 gal/ft
Topography 2-6%
Depth to Water Table UNKNOWN
Rock or other impervious formations NONE OBS

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement

1269 BAYVIEW DRIVE




Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-9-85

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