11 Nov 30

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 Jack Whitt DATE 5-19-82 PERMIT NO. 94

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 At end Bear Rt. 1267 TR 1269 1st lot on R. Corner Lot 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 (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000 ft² +

Character & Porosity of Soil clay loam

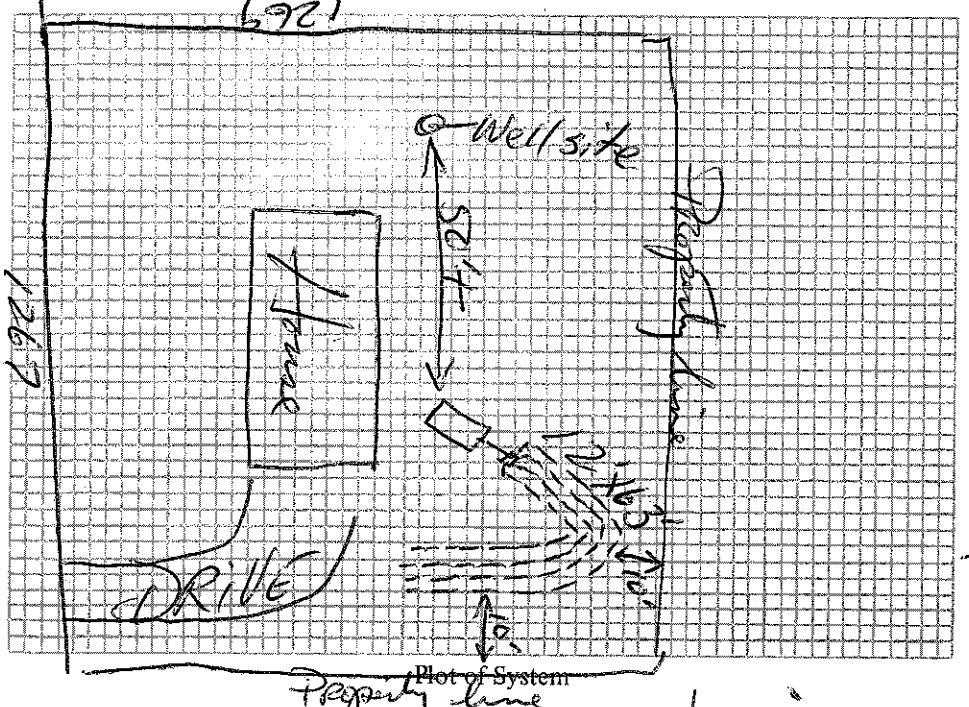
Percolation Rate 2 Bpi

Topography 2-4%

Depth to Water Table unk

Rock or other impervious formations none obs.

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

X Signed Jack E. Whitt

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

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