PIN - 4635-58-6831

III

11126

# 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 John Fallon DATE 9/12/90 PERMIT NO. 2G-11-A-4

PHONE: Business _____ Home _____

LOCATION Stutts TR Shoreline 200-300' on right

S. R. No. _____

SUBDIVISION NAME Bayview Estates LOT NO. 4 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

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 .3

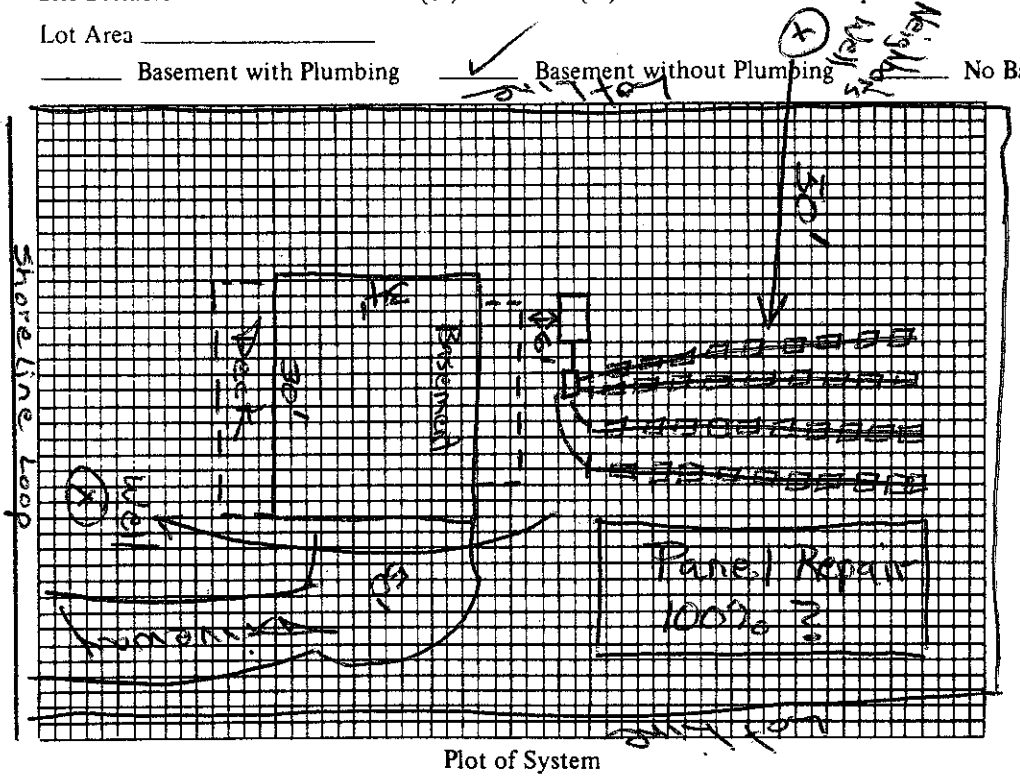
Topography 1-5%

Depth to Water Table ± 3'

Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines T+J

Water Supply: Individual ( ) 16" Panel

Public ( )

Installed by FJ Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: D-Box w/ Speed Levelers

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 9/12/90

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