4685-58-7271

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 W. EARL FOWLER DATE 6/1/88 PERMIT NO. _____

PHONE: Business _____ Home 536-4752

LOCATION 1100 TL Stutts TR 2nd Shoreline ON R. @ corner of Tamer - Shoreline S. R. No. _____

SUBDIVISION NAME BAYVIEW ~~HEIGHTS~~ ESTATES LOT NO. 54 SECTION OR BLOCK NO. _____

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

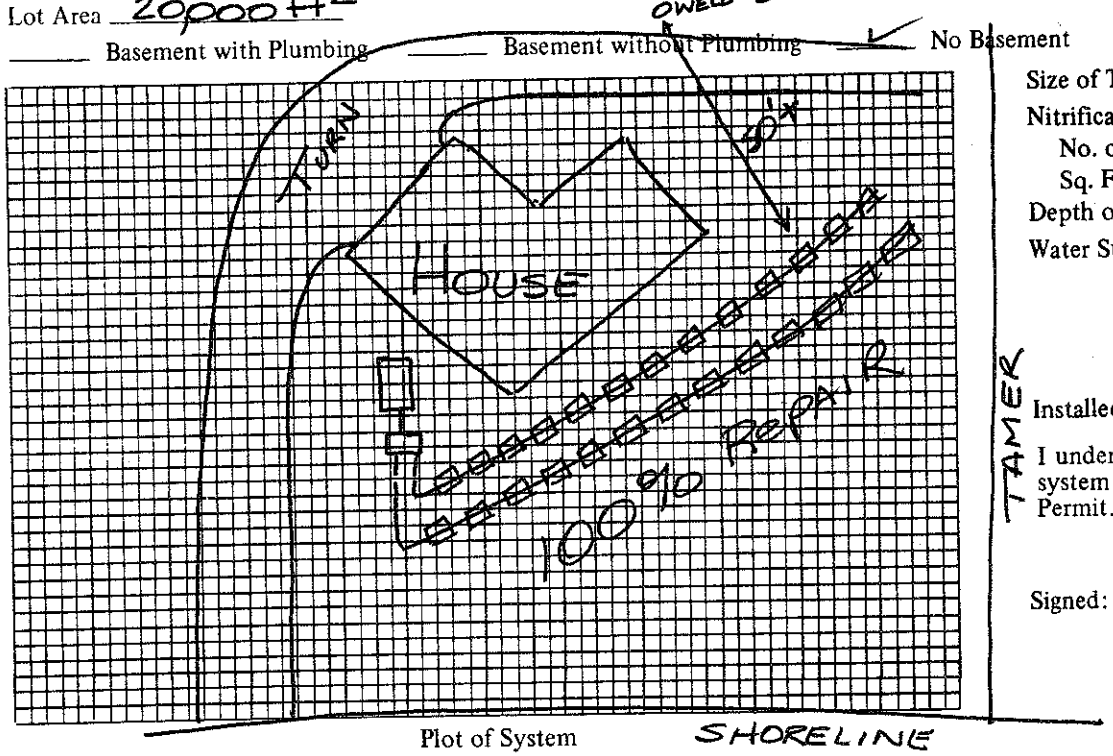
No. Bedrooms 3 No. Bathrooms 2

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 ~.3gpd/ft²
Topography 4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 20000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" T&J Panels

Water Supply: Individual (X)
Public ( )

Installed by YOUNTZ (Statesville)

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: 46 panels total. Well should be located at least 50' from system.

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 6/1/88

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