4635-69-1031

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

CL

OWNER OR CONTRACTOR Ted Isom - Ernest Cannington DATE 2-26-82 PERMIT NO. 30

PHONE: Business _____ Home _____

LOCATION 1100 Tf 1112 0.2 mile past 2nd entrance to 1212 on left S. R. No. _____

SUBDIVISION NAME Bayview Estates LOT NO. 58 SECTION OR BLOCK NO. _____

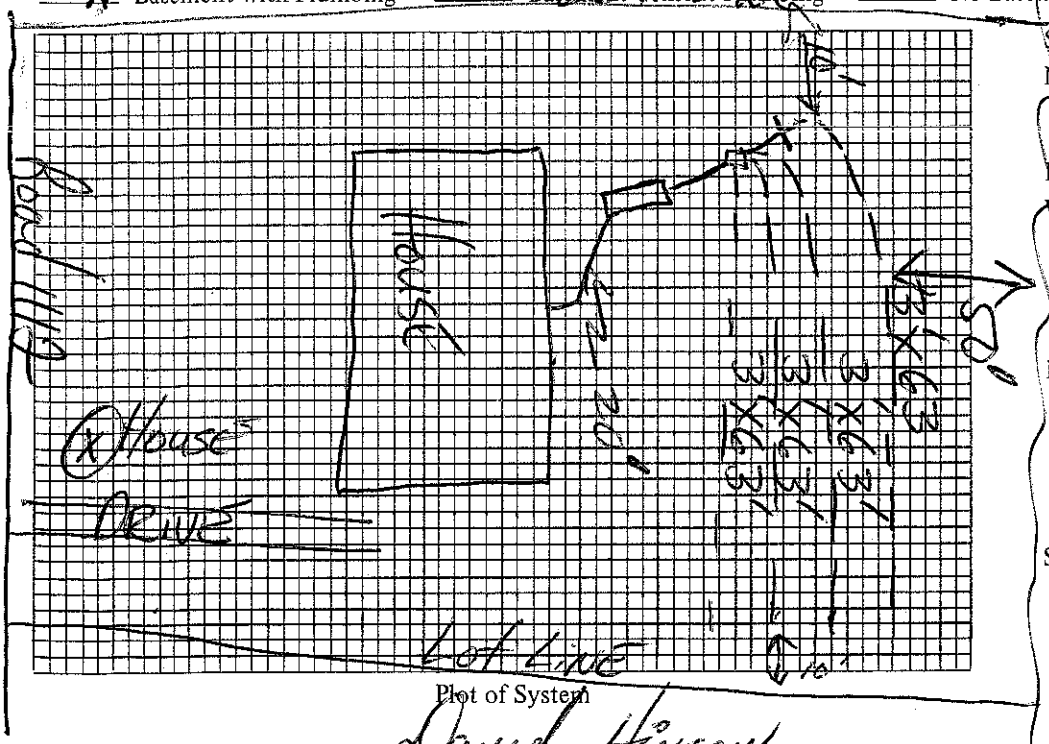
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	80 mpi	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	8-10%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	None observed	

Lot Area ½ Acre +

X Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-26-82

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