4635-79-6576

IREDELL COUNTY HEALTH DEPARTMENT

08599

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Richard Jones DATE 9/14/90 PERMIT NO. 2G-6-A-55

PHONE: Business _____ Home _____

LOCATION 1100 TL Stutts TL 2nd Commodore Loop 6th on right past Surfside S. R. No. _____

SUBDIVISION NAME Comm. Peninsula LOT NO. 54/55 SECTION OR BLOCK NO. _____

2 lot combined

House (✓) Mobile Home ( ) Business ( ) Other _____ Existing house to be moved once new one is in place

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable ~~YES~~ Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil ~~Percolation Rate~~ Ts clay No 3

Topography 1-5%

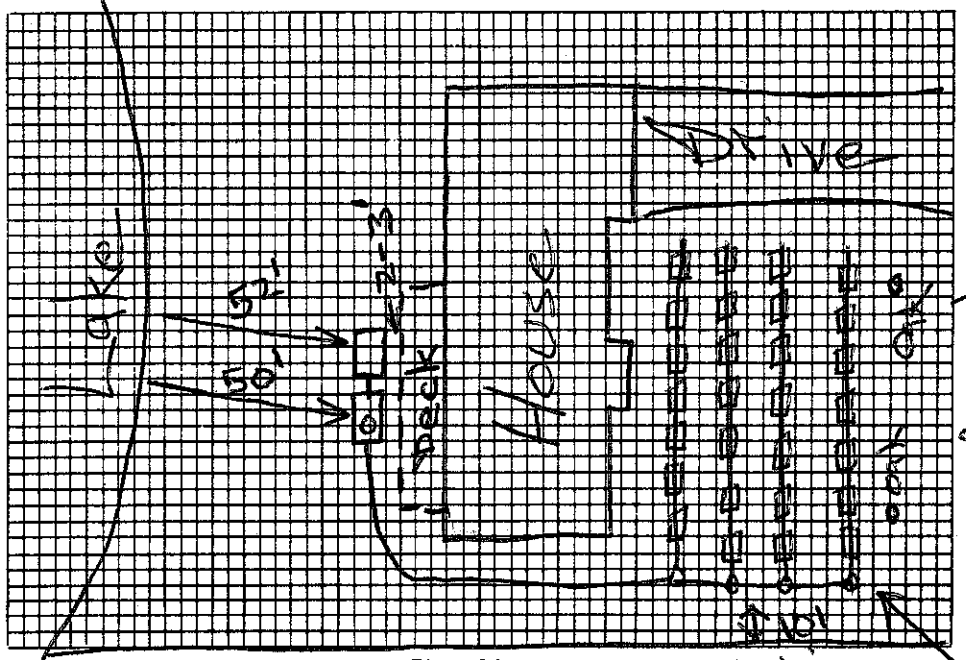
Depth to Water Table +3'

Rock or other impervious formations none obs.

Repair

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement

1000 FT



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 ( ) Public (✓) 16" Panel C.W.

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Operation Permit

~~CERTIFICATE OF COMPLETION~~ BY Sam Ingram EHS DATE 9/17/90

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