07763

4636-41-7971

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 M. Phifer DATE 12/17/87 PERMIT NO. _____

PHONE: Business (704) 636-6000 (ext 4651) Home 664-3077

LOCATION 1100 TL Stutts Rd TR Coveview Park TL Gondola Rd. 2nd M H on Left S. R. No. _____

SUBDIVISION NAME Coveview Park LOT NO. 39 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other EXISTING SYSTEM

No. Bedrooms 2 No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil existing system

Percolation Rate _____

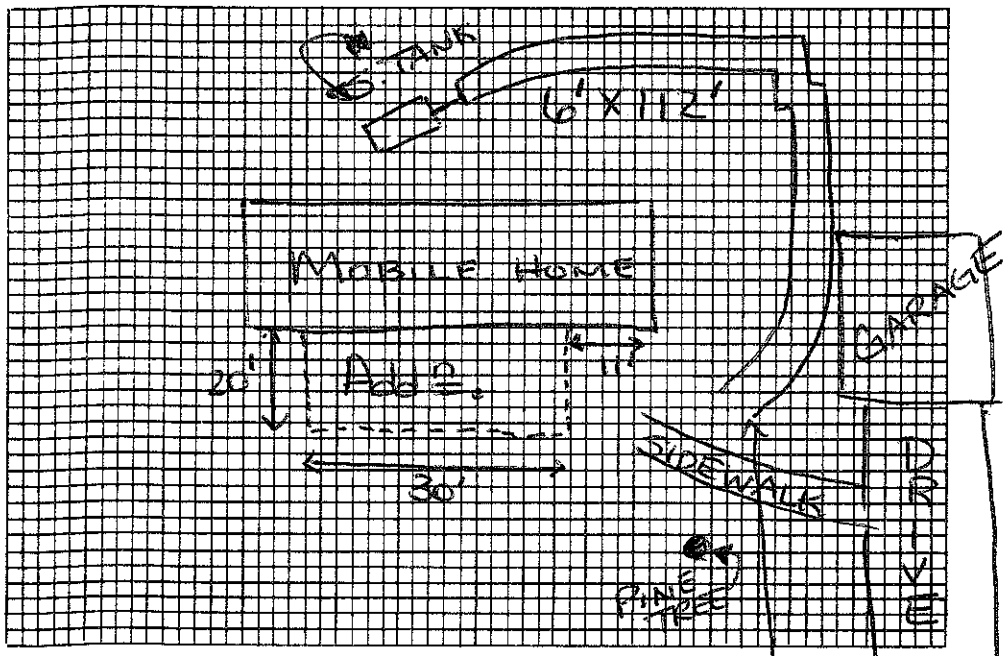
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area 104' X 150' 20000ft² #

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement (existing)



Plot of System

Size of Tank 1000 Gals. (PRECAST)

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)

See attachment
*Info from Completion (5-17-73)

Installed by Harrison Robeson Kannapolis

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

Signed: _____

IMPROVEMENTS PERMIT BY ← GONDOLA ROAD →

COMMENTS: System functioning properly at time of inspection. 750'

Lake

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Price DATE 12/17/87

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