4636-41-8770

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 D.W + Judy Beddingfield DATE 2-6-86 PERMIT NO. 58

PHONE: Business _____ Home _____

LOCATION 1100 TV #158 (COVEVIEW) TL 1161
(CONDO/A Road) 300FT on left S. R. No. _____

SUBDIVISION NAME COVEVIEW PARK LOT NO. 41 SECTION OR BLOCK NO. _____

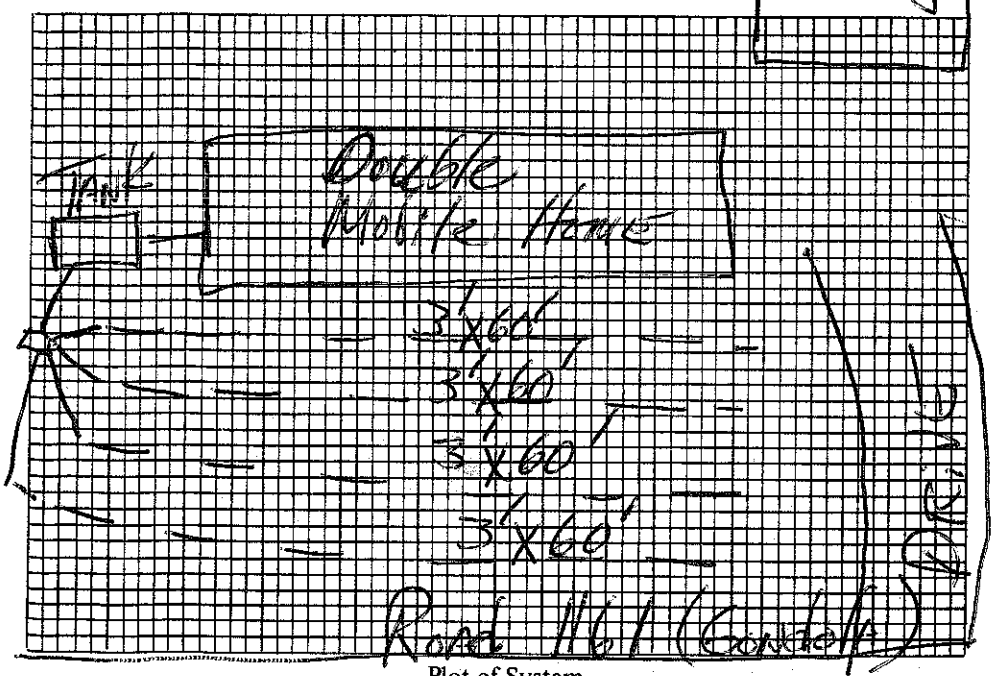
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam - silty PM	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	2.5 gal/ft/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	10-15% +	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4+	
			Rock or other impervious formations	NONE OBS.	

Lot Area 15,000FT²

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public (X)
H2O System
Installed by R. Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY J.A.C. + C.K. BARNETT

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 2-6-86

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