06936

4636-41-9539

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 Kenneth Ray Chavers DATE 6-26-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1600 4th Lot on Rt R 1112 TR Bluewing TR Gondola S. R. No. _____

SUBDIVISION NAME Coverview Park LOT NO. 42 SECTION OR BLOCK NO. _____

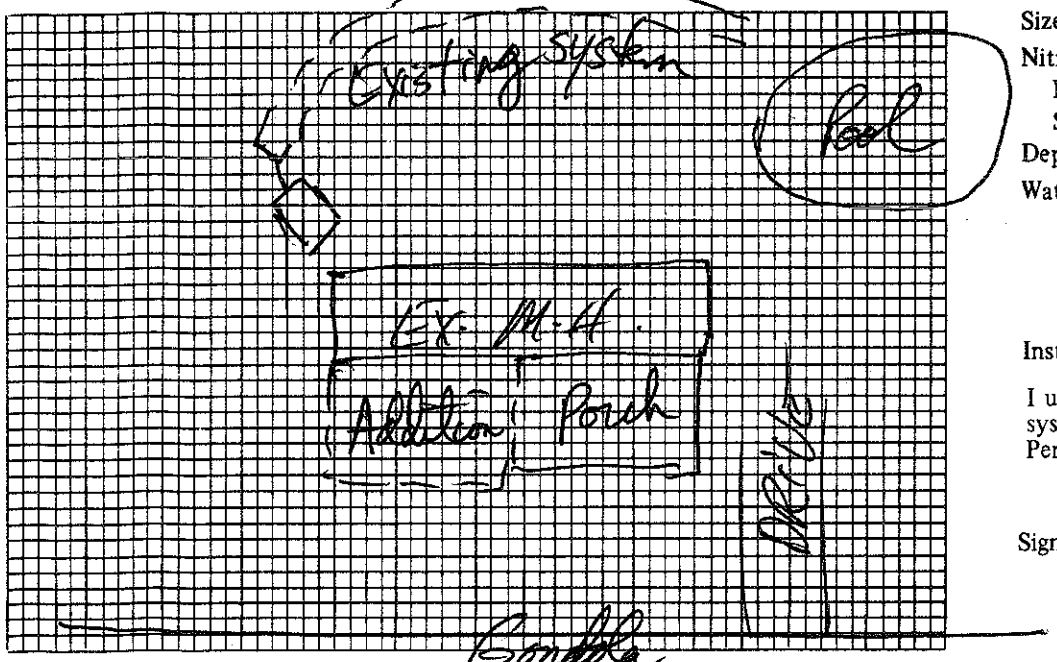
House ( ) Mobile Home (✓) Business ( ) Other Addition of 1 bedroom, enlarge and alter w/ Additions

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes	( )	No	(✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes	( )	No	(✓)	Percolation Rate _____
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography _____
Site Suitable	Yes	(✓)	No	( )	Depth to Water Table _____
					Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: O. R. Hinson, RS. DATE 6-26-87

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