11383

IREDELL COUNTY HEALTH DEPARTMENT Phone # 4436 41-9787

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR J. W. Dellinger DATE April 24, 1990 PERMIT NO. 267-B-35

PHONE: Business _____ Home 664-7690

LOCATION 1100 TL Stutts TR Coveview TL Ensign 3rd Lot on right S. R. No. _____

SUBDIVISION NAME Coveview LOT NO. 35 SECTION OR BLOCK NO. _____

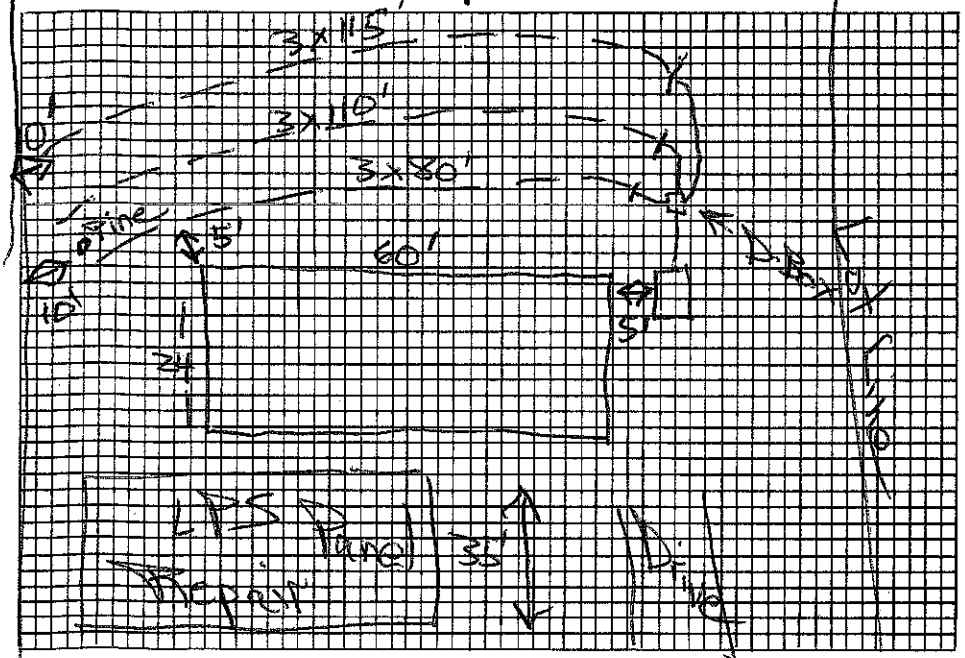
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	w. 4 gpi 1 + 2 1-35 + 3'
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)
C.W.

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE April 24, 1990

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