4636-41-9918

IREDELL COUNTY HEALTH DEPARTMENT

1164

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Robert Bottall DATE June 19, 90 PERMIT NO. 26-7-B-37

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Stutts) TR Coverview TL Ensign
1st DW on right (corner lot) S. R. No. _____

SUBDIVISION NAME Coverview Park LOT NO. 37? SECTION OR BLOCK NO. _____

DW

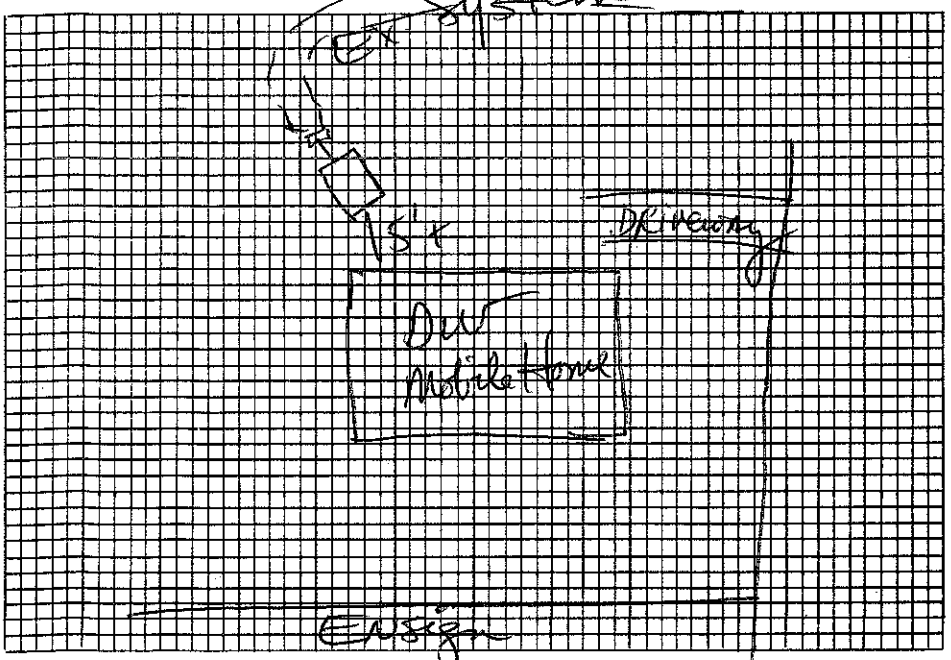
House ( ) Mobile Home (✓) Business ( ) Other Replacing 3 bedrm single wide w/ 3 bedrm Double wide

No. Bedrooms 3 No. Bathrooms 2

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 (✓) CW

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ Coverview

COMMENTS: _____ TO SR 1112

Existing system showing no sign of malfunction at time of inspection. Unable to determine size of system by probing because ground is very sandy

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: DB Junior / ETTS DATE 6-19-90

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