10561

IREDELL COUNTY HEALTH DEPARTMENT 4636-44-4272

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

OWNER OR CONTRACTOR Scott Karriker DATE 9/11/90 PERMIT NO. 2K-17-A-217

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 Stutts ~½ mile TR into Fairway Estates ~300' on left S. R. No. _____

SUBDIVISION NAME Fairway Estates LOT NO. 217 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

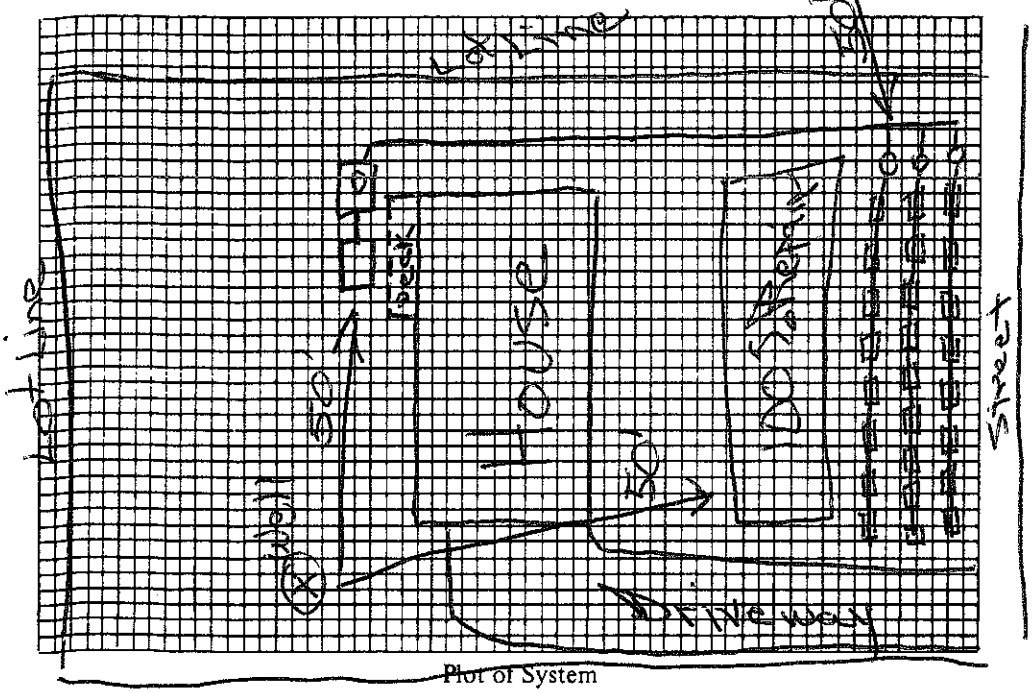
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable PS	Yes (✓)	No ( )	

Lot Area 113' x 230'

Character & Porosity of Soil SPS clay (Front)
Percolation Rate No. 3
Topography 4-6%
Depth to Water Table 4' +
Rock or other Impervious formations none ODS

1000 PT

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200' 16" T+T
Depth of Stone in Lines _____
Water Supply: Individual (✓) Panel
Public ( )

Installed by John Howie

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tanks 2 feet from deck 12-13' from foundation

Operation Permit

~~CERTIFICATE OF COMPLETION~~ BY Sam Ingram E.H.S. DATE 9/11/90

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