09069

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4636-50-4951

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Tom Lewis Brown DATE June 15, '90 PERMIT NO. 2G-7-A-264

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Shutts) TR Marina Lane on Right corner lot with Driftwood

SUBDIVISION NAME Coverview Park LOT NO. 26F SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 15000 Ft²+

Character & Porosity of Soil PS clay

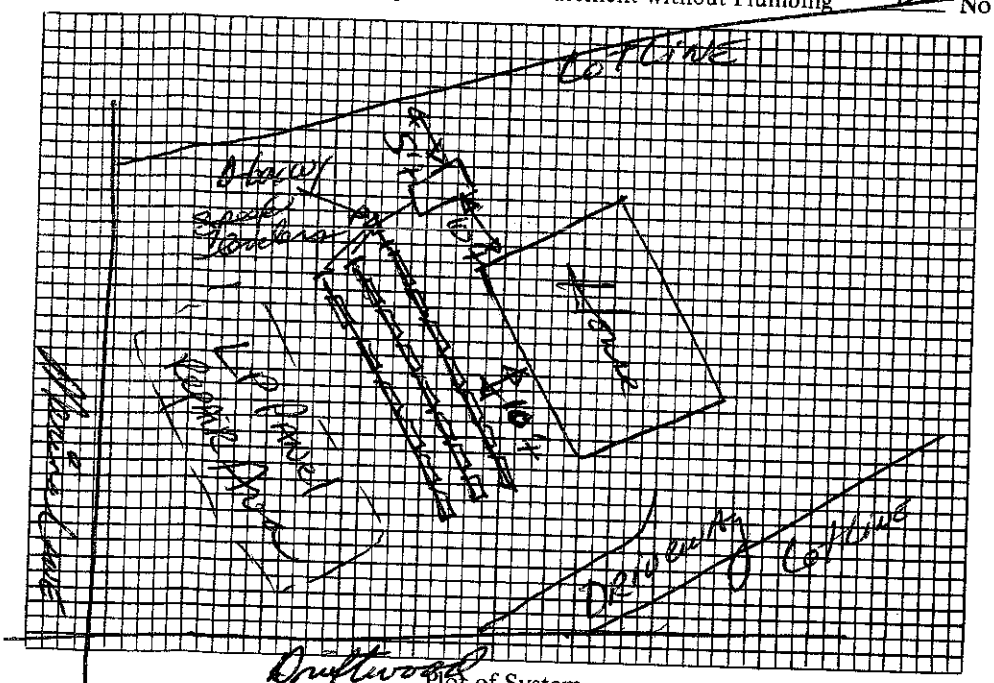
Percolation Rate Loc 3

Topography 2% +

Depth to Water Table 41'

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 135'

Depth of Stone in Lines 16" to 24"

Water Supply: Individual ( ) Ponds

Public (✓) Gravity flow

Installed by Mike Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Original permit in name of John Koval. Plumbing to be raised to reach tank thereby eliminating pump for original installation. Repair will require pumping. Tank & Box have full cover (12"+).

CERTIFICATE OF COMPLETION BY _____ DATE 6-15-90

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