14.00

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 MR. Henry T. Stevens DATE 7-16-84 PERMIT NO. 193

PHONE: Business _____ Home _____

LOCATION 1100 N 1112 TR Blue Wing (Across from Commodore H2O TANK) 6 NEAR END on left S. R. No. _____

SUBDIVISION NAME Lakeside Park LOT NO. 274 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area Lot Recorded PRIOR to 1973

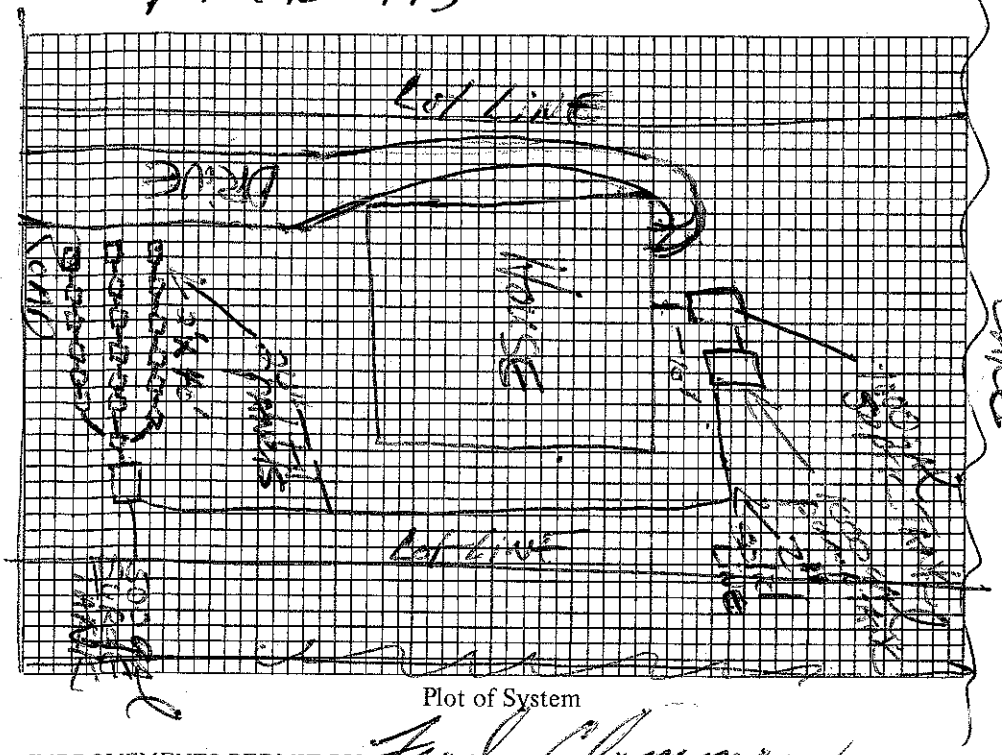
Character & Porosity of Soil Clay

Percolation Rate 0-5 60 min/1" 2-05 60 min/1" 4

Topography _____

Depth to Water Table _____

Rock or other impervious formations NONE 065



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 with T-Trench

Sq. Ft. 2014 Linear Ft. 120

~~Depth of Stone in Lines~~ 6" and center panels

Water Supply: Individual ( )

Public (X)

6" Sand under panels

Installed by _____

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

Signed: ~~X~~ Henry T. Stevens

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep panels shallow: MAX cover 1" over top of panels, use good quality Effluent Pump, use 'Acess' MANhole Covers + good quality Alarm

CERTIFICATE OF COMPLETION BY _____ DATE _____

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