11009

PIN# 4636-51-0598

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 William Arnold DATE Mar 7, 1990 PERMIT NO. 2G-7-B-33

PHONE: Business _____ Home 664-3066

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

SUBDIVISION NAME Coveview LOT NO. 33 SECTION OR BLOCK NO. _____

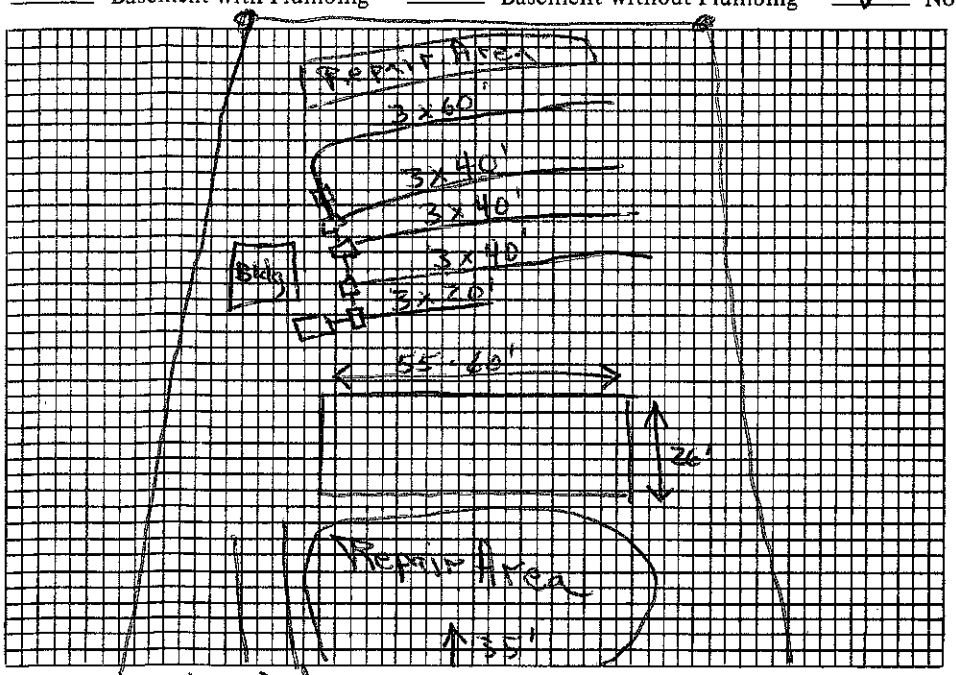
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 gpd 5ft 2.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	1-5% SD + 3½'	
Site Suitable	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 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 600' Linear Ft. 200'
Depth of Stone in Lines _____

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: Existing tank caved in and pumped
System approved for 2 Bdr. trailer

CERTIFICATE OF COMPLETION BY Sam Ingram EH S DATE Mar 7, 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