4636-51-3300

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 Margaret A. Scott DATE 6/22/89 ~~PERMIT NO.~~ 20B

PHONE: Business _____ Home 664-7048

LOCATION 1100 TL Stutts TR Bluewing On R. at jct on Ensign S. R. No. _____

SUBDIVISION NAME Commodore LOT NO. 294 SECTION OR BLOCK NO. _____

Tax#: 2G-7-B-294

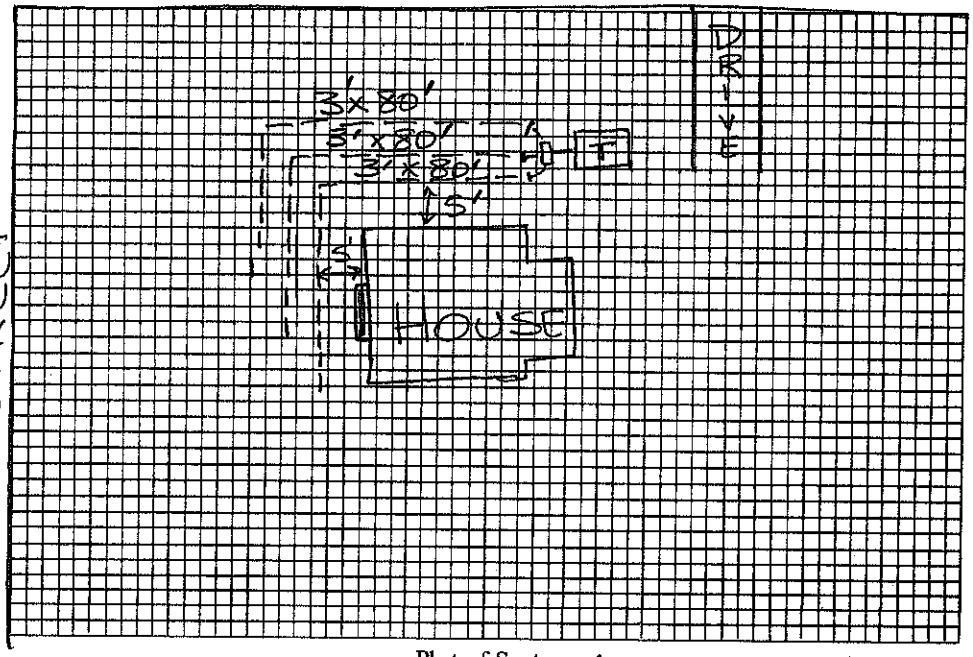
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area _____

_____ Basement with Plumbing ~~STREET~~ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 230'+
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)
Community Well.

Installed by T.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price, R.S. DATE 6/22/89

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