9329 200

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 12/20/88 PERMIT NO. 20B

PHONE: Business ________ Home 664-7098

LOCATION 1100 TL Stutts TR Blwewing 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 (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey

Percolation Rate .35 gpd/ft²

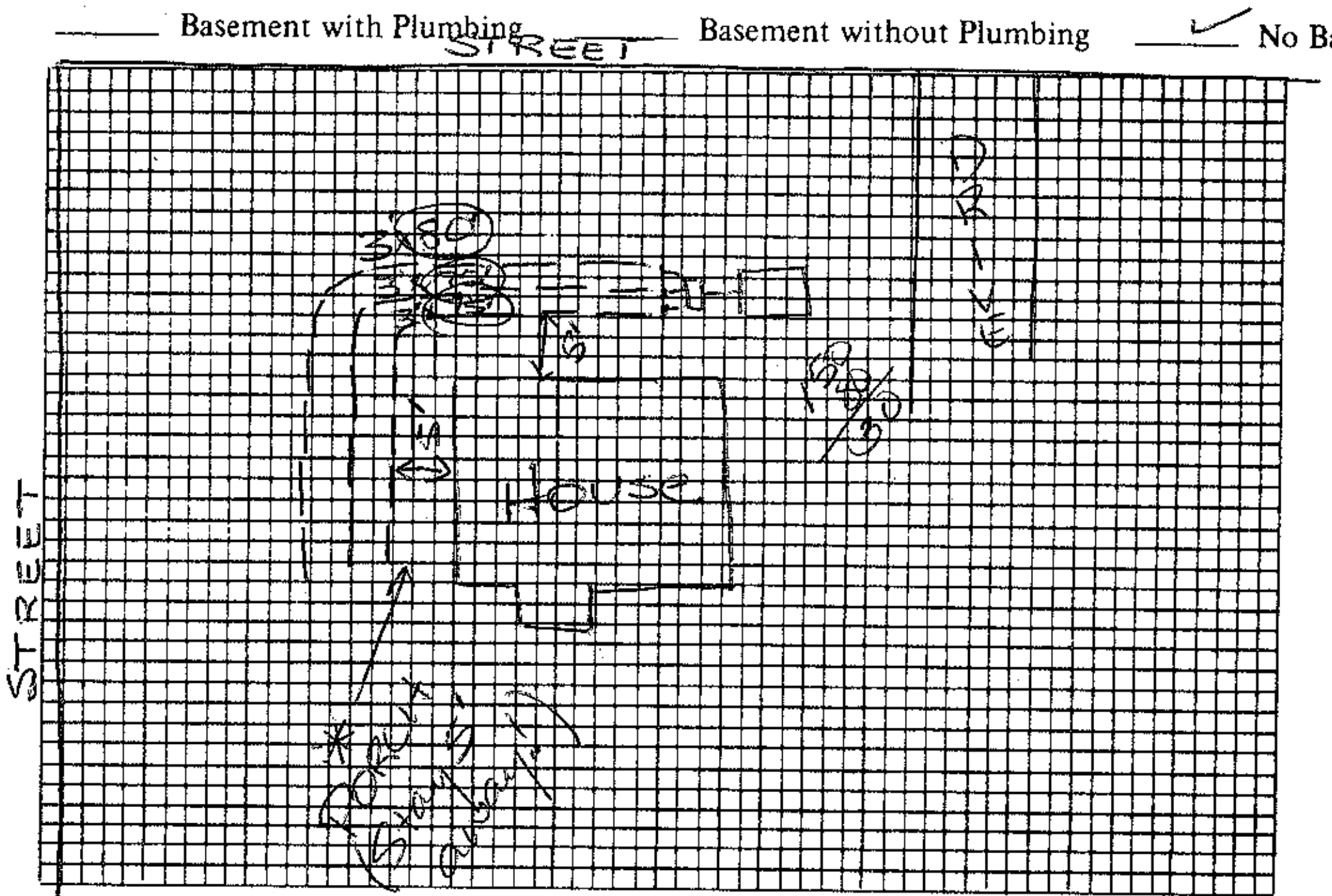
Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations none.

Lot Area .27 Acre

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines ________

Water Supply: Individual ( )

Public ( )

Installed by ________

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

Signed: Dessie Scott (Margaret A. Scott)

IMPROVEMENTS PERMIT BY Andre C. Quinn

COMMENTS: System must be shallow (24"-30" max. trench depth).

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