4636-51-3442

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 Jim TORRENCE DATE 7-24-84 PERMIT NO. 239

PHONE: Business _____ Home _____

LOCATION 1100 ft TL 1112 TR 1258 TL 1260 (Ensley Pike) 0.6 mile on left S. R. No. _____

SUBDIVISION NAME Cove View Park LOT NO. 292 + 293 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 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 20,000 ft²

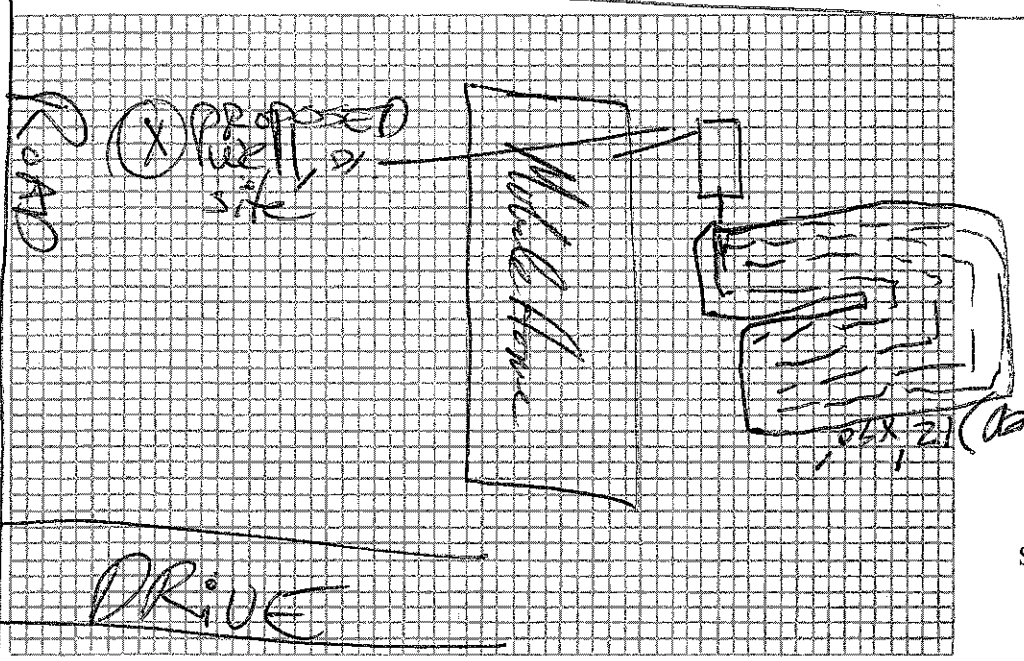
Character & Porosity of Soil Clay loam

Percolation Rate 0.5 gpf 24 hrs

Topography 2-8% 4

Depth to Water Table _____

Rock or other impervious formations NONE OBS.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by Kiser + Gilland

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Clemmons

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmons DATE 7-24-84

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