10201

PIN# 4636-51-6797

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 Danny Everhart DATE July 13, '89 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 1150 TR 1112 TR 1258 TR 1259 2nd M.H. on left

SUBDIVISION NAME Coveview Park LOT NO. 19 S. R. No. ______ SECTION OR BLOCK NO. ______

House ( ) Mobile Home (✓) Business ( ) Other Replacing burned M.H.

No. Bedrooms 2-3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil ______

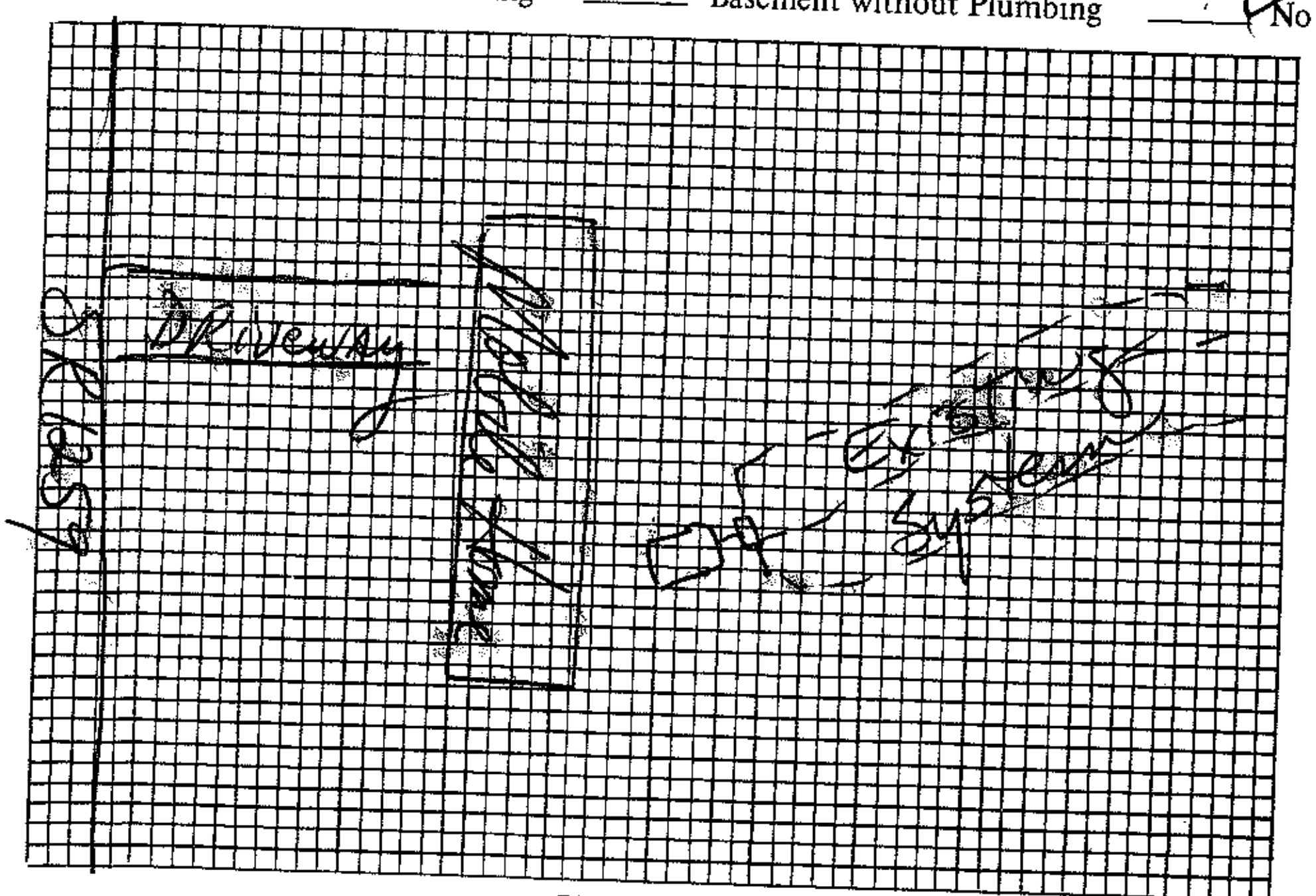
Percolation Rate ______

Topography ______

Depth to Water Table ______

Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. ______ Linear Ft. ______

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: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: [signature], RS DATE 7-13-89

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