10503 4636 51 7131

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 Thelma S. Kay DATE Feb. 7, '91 PERMIT NO. 2G-7-A-304

PHONE: Business ______ Home ______

LOCATION 1100 TL 1112 (Stutts Rd.) TR Bluewing on left at jct. w/ Driftwood 111 Bluewing Dr. S. R. No. ______

SUBDIVISION NAME Commodore II LOT NO. 304 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ PS Yes (✓) No ( )

Lot Area 70' x 143'

Character & Porosity of Soil ps clay

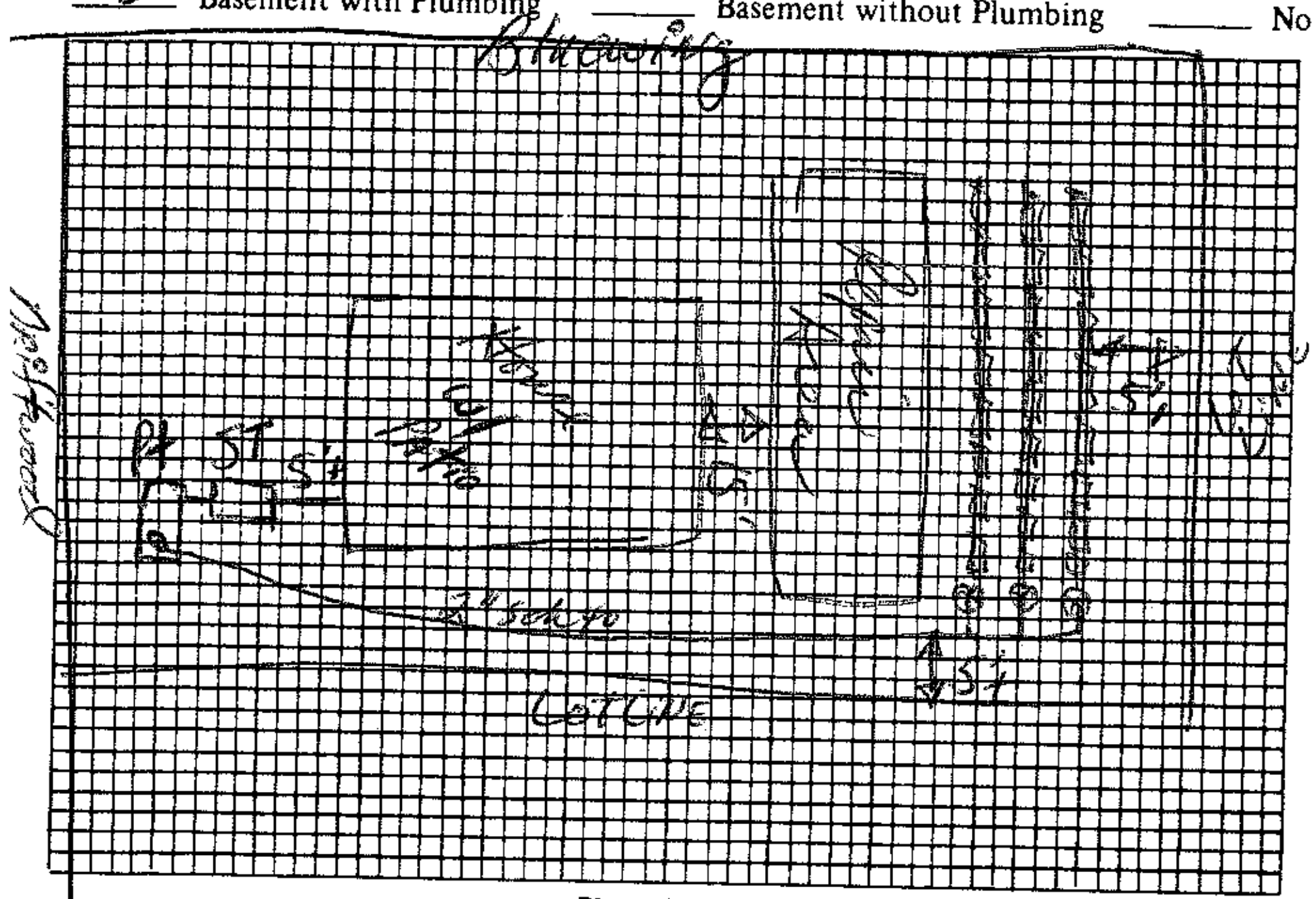
Percolation Rate .4

Topography <10%

Depth to Water Table 4'

Rock or other impervious formations none obs.

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

1000 p.T.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ______ Linear Ft. 150'

Depth of Stone in Lines 16"

Water Supply: Individual ( ) cw Public (✓) T&J panels pressure dosed

Installed by TJ Ervin

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

Signed: ______

IMPROVEMENTS PERMIT BY MCH

COMMENTS: Water line not installed
System tested & functioning but alarm not permanently mounted yet
~~Operation permit~~

CERTIFICATE OF COMPLETION BY David R. Hinson, EHS DATE 2/7/97

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