4645-18-4219

10881

# 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 Elwyn Tate DATE June 5, '90 PERMIT NO. 2G-4-015

PHONE: Business _____ Home _____

LOCATION 215 x I77 TL 1206 (Alcove) TR 1108 (Templeton) Bear Right at Oak Tree - Home on Right S. R. No. _____

SUBDIVISION NAME Bob White LOT NO. 39 SECTION OR BLOCK NO. _____

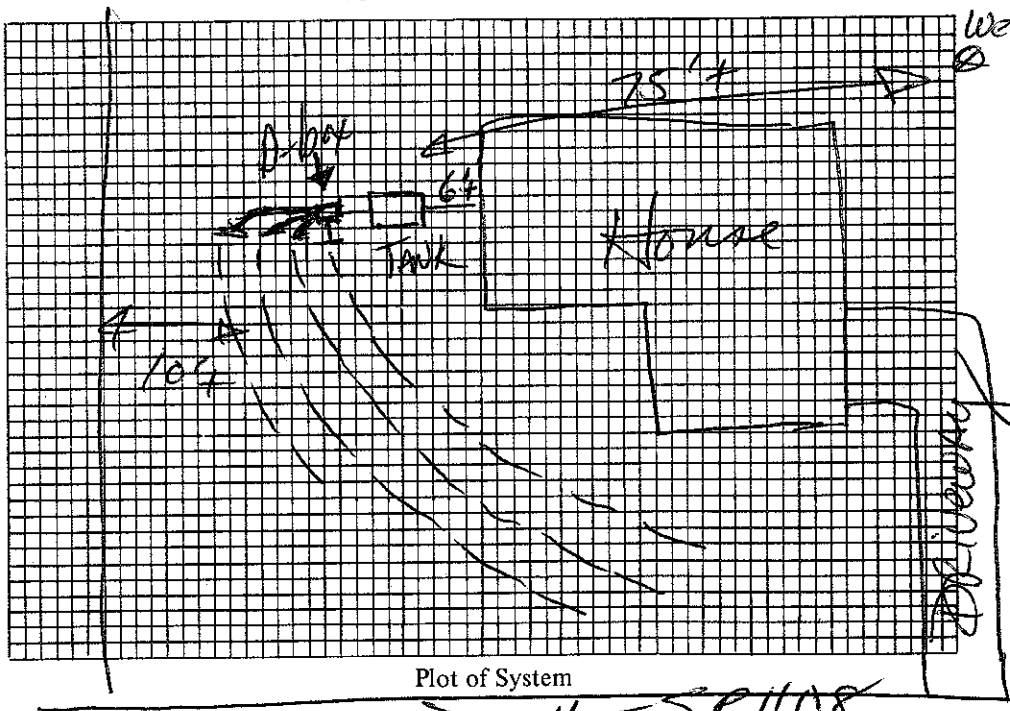
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 Repair

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | PS clay |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | to 35 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2 to 4% |
| Site ~~Suitable~~ | Yes (✓) | No ( ) | Depth to Water Table | 3½'+ |
| | | | Rock or other impervious formations | none obs. |

Lot Area 146 X 315'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Well Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1035 Linear Ft. 345+
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Mike Teague

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ SR1108

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson, EHS DATE June 5, '90

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