4646 11 4013

IREDELL COUNTY HEALTH DEPARTMENT

10735

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank J. Poore Jr. DATE Aug. 2, '90 PERMIT NO 26-5-B-5

PHONE: Business _____ Home _____

LOCATION 21 S. x I77 TL 1206 (Alcove) TR 1110 (Catalina) TR Rainbow Lane at end on left 165 RAINBOW RD. S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 5 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition to house w/ Addn. System replacement required

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2.3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	fit
Lot Area Existing (~½ ac) neighbors well			Rock or other impervious formations	none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 p.t.

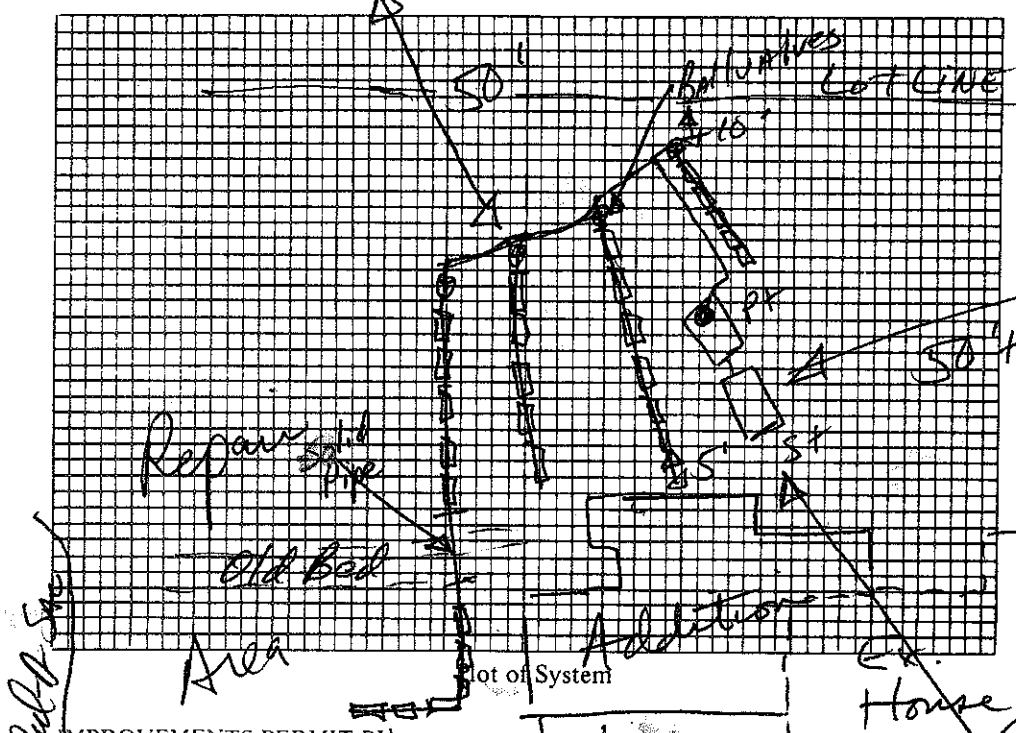
Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" ±
Water Supply: Individual ( ) panels
Public ( ) pressure dosed

Installed by Robinson

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

Signed: _____



IMPROVEMENTS PERMIT BY _____

COMMENTS: Driveway
Alarm tested & functional but not permanently mounted yet. New well

Operation permit

CERTIFICATE OF COMPLETION BY Jack R. Robinson, EHS DATE Aug 2, '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