4646-12-7565

10061

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 R. H. Baker DATE June 28, '91 PERMIT NO. 26-9A-19

PHONE: Business _____ Home _____

LOCATION 215 x I77 TL 1206 (Alcove) TR 1110 (Catalina) Lane Right on Malibu, Lane at end on Right S. R. No. _____

SUBDIVISION NAME Back Forty LOT NO. 19 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other + Separate Bathhouse + Furniture

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

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

Lot Area 20,000 ft²+

Character & Porosity of Soil PS clay

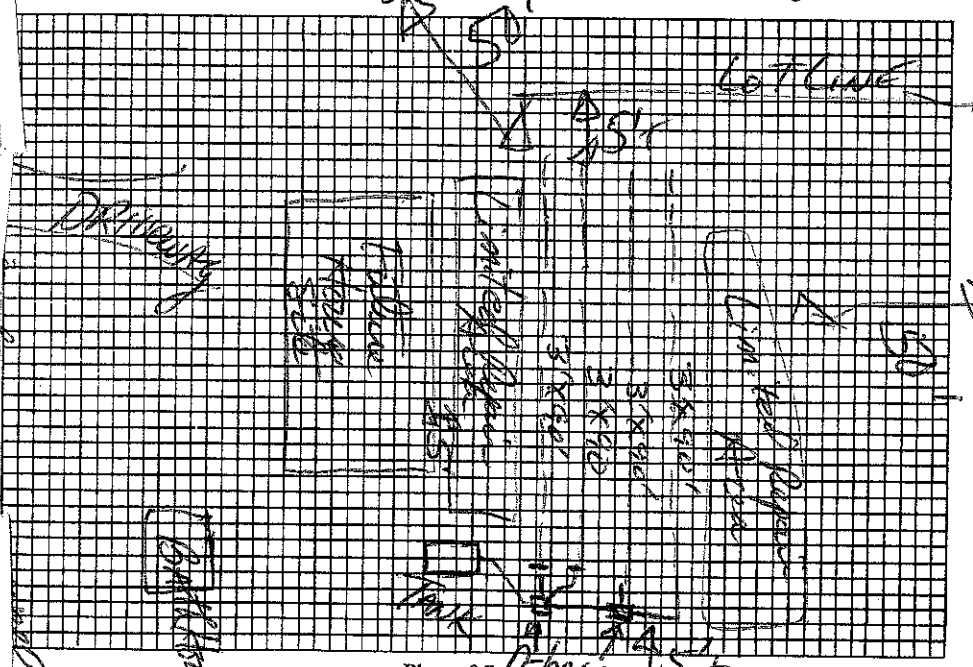
Percolation Rate ~ 1, 4

Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



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~~ (✓)

Public ( )

Alcove

Installed by J R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DPH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/28/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making provements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold