4646 12 9469

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 Phil Lipe DATE 9/14/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S. Cross I-77, Lt. on Alcove, Rt. on Catalina, Rt. on Malibu, Near end on Right (P.O. Box 426-A) S. R. No. _____

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

Back Forty 17

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

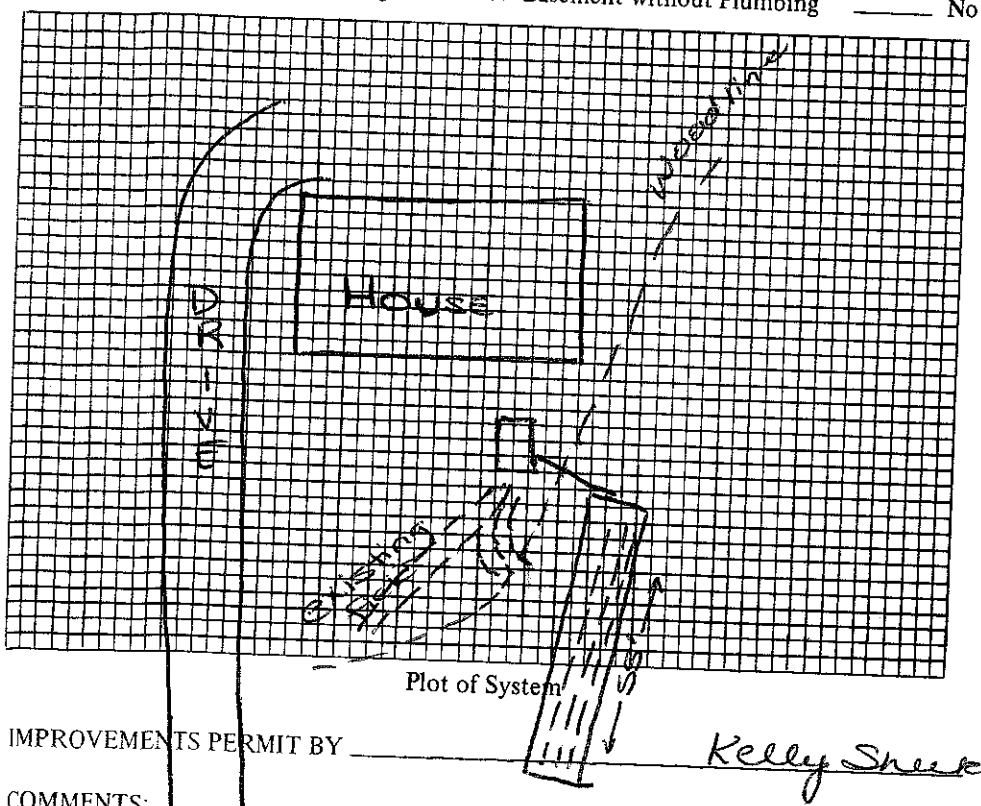
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area _____

Character & Porosity of Soil Existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3 in a 9' bed
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines 18"+
Water Supply: Individual (✓ in rear)
Public ( )

Installed by Sigmons (AAA)

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ Kelley Sheets

COMMENTS: _____

Malibu

CERTIFICATE OF COMPLETION BY Andrew C. Pierce, R.S. DATE 9/19/89

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