300

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 Bill Lipe DATE 7/6/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 South Cross I77, Lt on Alcove Rt on Catalina, Rt on Malibu, Near End on Rt (PO Box 426 tA) S. R. No. _____

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

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 Clayey

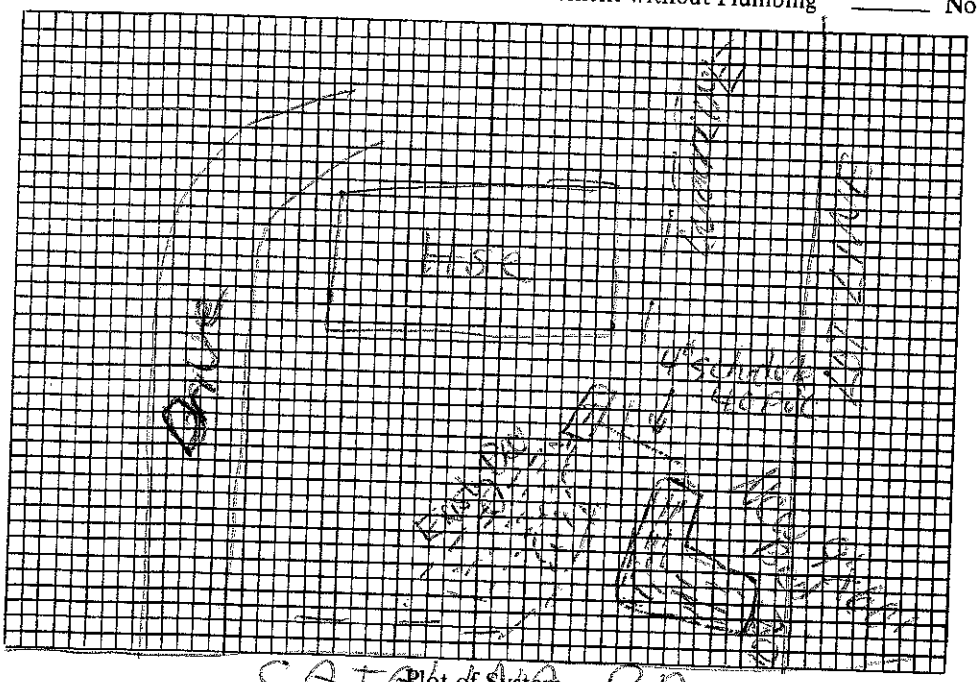
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTG Gals.

Nitrification Field: 3 @ 9' wide Bed

No. of Lines _____

Sq. Ft. 540' Linear Ft. _____

Depth of Stone in Lines 18"

Water Supply: Individual (✓) In Rear

Public ( )

Installed by _____

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

Signed: Ron Lipe

IMPROVEMENTS PERMIT BY Glenn Shuler RS

COMMENTS: Set new tee in tank + feed new 9'X60' bed first. Run 4" schedule 40 PVC from new tee to head of repair line Landscape repair area to shed water off system. Keep repair 10' from Lot Line

CERTIFICATE OF COMPLETION BY _____

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