08679

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 David Christenbury DATE Mar 23, 1990 PERMIT NO. 26-5-B-12

PHONE: Business _____ Home _____

LOCATION 21S x I77 TL Alcove (1206) TR 1110 (Catalina Rd) TR Rainbow Lane ¼ mi on left 129 RAINBOW S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 12 SECTION OR BLOCK NO. _____

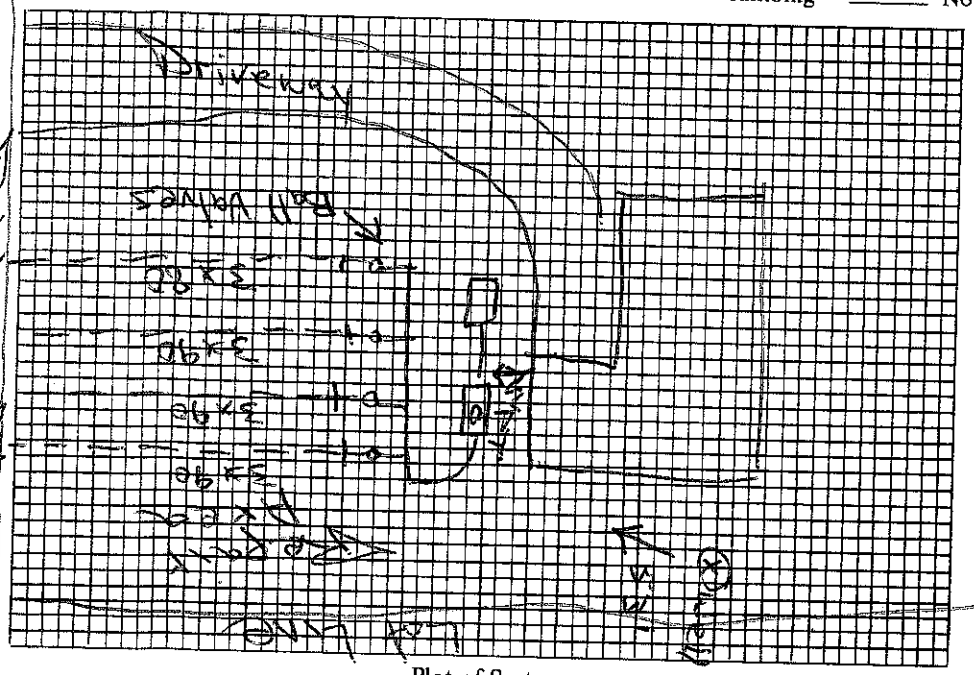
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area ½ ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement 1000 PT



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Ordison

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well in place

Operation Permit

CERTIFICATE OF ~~COMPLETION~~ BY Sam Ingram EHS DATE Mar 23, 1990

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