2-2-15

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 Douglas F. Peterson DATE 6-4-86 PERMIT NO. 253

PHONE: Business _____ Home _____

LOCATION I-77 Turn 1109 TL on Alcove · TR on Catalina TR Malibu 1/8 mi on rt. S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 11 SECTION OR BLOCK NO. _____

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

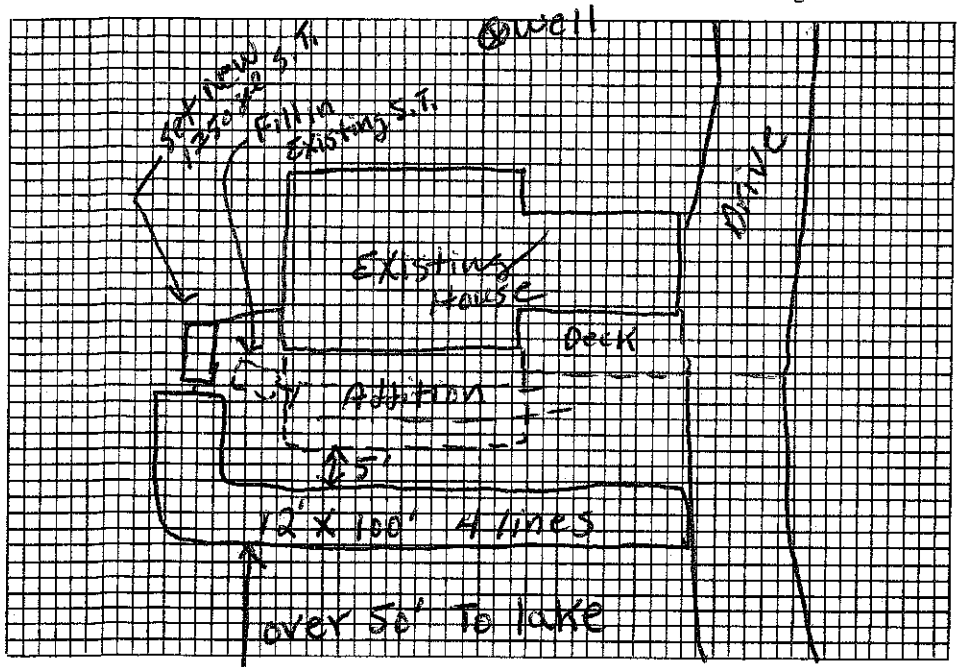
No. Bedrooms 4 No. Bathrooms 3

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

Character & Porosity of Soil Clay loam
Percolation Rate .55
Topography 2 to 8%
Depth to Water Table ~~6~~ 6 to 8'
Rock or other impervious formations none

Lot Area 268' X 100'

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____
for ABS CONSTRUCTION

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Can use a 15' X 80' if needed

CERTIFICATE OF COMPLETION BY _____ DATE _____

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