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 Wayne Snyder DATE 8/14/89 PERMIT NO. ____

PHONE: Business ____ Home 664-5657

LOCATION 21 S. X I-77 TL Alcove TR Catalina
3rd from end on lakeside S. R. No. ____

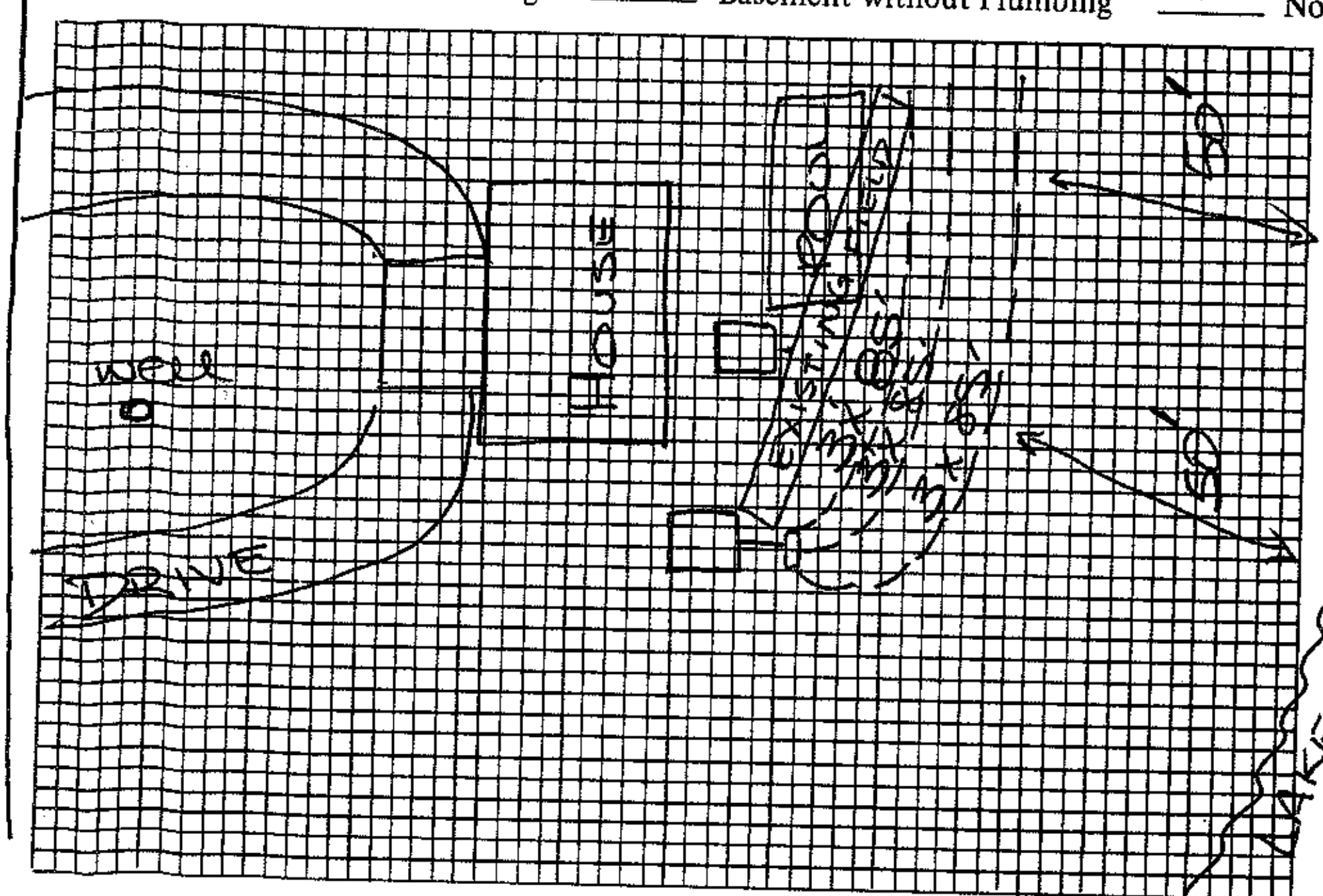
SUBDIVISION NAME Catalina Cove LOT NO. 27 SECTION OR BLOCK NO. ____

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

No. Bedrooms 2 No. Bathrooms 3
Garbage Disposal Unit Yes ( ) No (✓)
2 Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ P.S. Yes (✓) No ( )
Lot Area ____

Character & Porosity of Soil Clayey
Percolation Rate .35 gpd/ft²
Topography 6-8%
Depth to Water Table 4' +
Rock or other impervious formations none observed

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 765 Linear Ft. 255'
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: X Wayne D Snyder

IMPROVEMENTS PERMIT BY Andre C. Prei[illegible]

COMMENTS: Install system on contour. 50' from LAKE
5' from any part of house 50' from well.
Install system SHALLOW and on contour.
30" deep to bottom of ditch.

CERTIFICATE OF COMPLETION BY Old tank is under patio. DATE ____

EXISTING SYSTEM CHECKED BY: Tank as is cannot be used. 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