09119 - PROPERTY DESCRIPTION

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 Tillman Rogers DATE 10/11/99 PERMIT NO. 21A

PHONE: Business _____ Home 663-0026 dy 663-3821

LOCATION 21 S T&L Alcove TR Catalina On L. near end. Just b/f last Hse on left. S. R. No. _____

SUBDIVISION NAME CATALINA COVE LOT NO. 12 SECTION OR BLOCK NO. _____

TAX: 2G-5-C-12

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

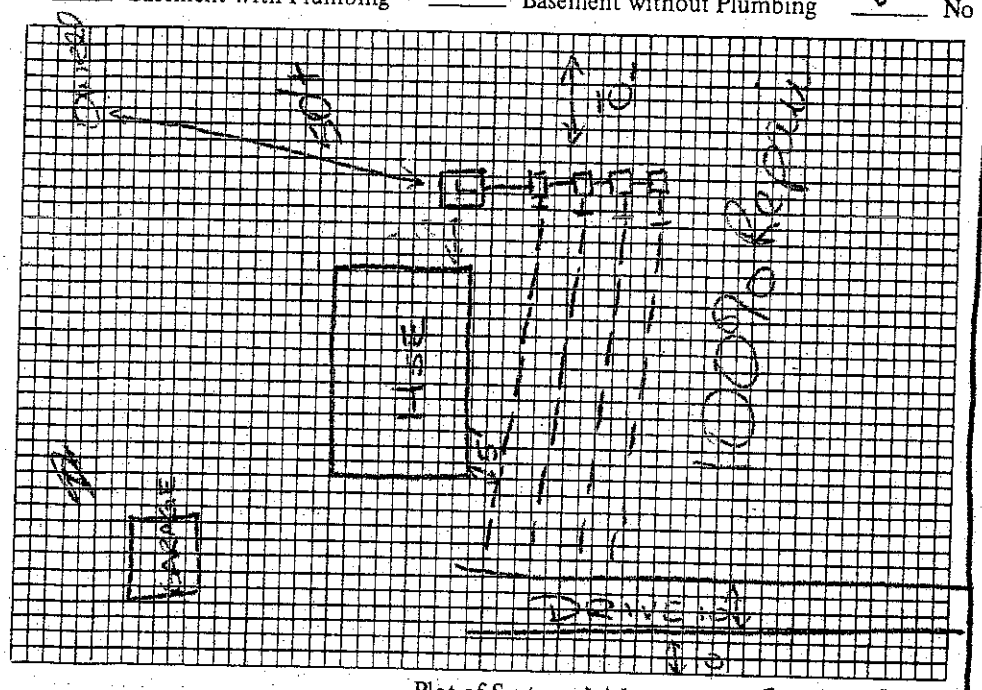
No. Bedrooms 2 No. Bathrooms _____

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

Character & Porosity of Soil Clayey (silty)
Percolation Rate .35 gpd/ft²
Topography GOOD
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area ~½ ACRE - NOT SHOWN ON P.D.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3-4
Sq. Ft. 720 Linear Ft. 240
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: _____

IMPROVEMENTS PERMIT BY Andre C. Price

COMMENTS: Keep DRAINFIELD SHALLOW AND ON CONTOUR. NO DEEPER THAN 30". KEEP THE 5' SEPARATION FROM DWELLING AND ANY PROPOSED DECK/PORCH ADDITIONS.

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