4648-05-2862

# 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 Melvin Barr DATE 4/21/89 PERMIT NO. _____

PHONE: Business _____ Home 664-6644

LOCATION 150 W. TR 21N. TL Cornelius TL Morgan Near end on R.

SUBDIVISION NAME Pirates Cove LOT NO. 23 SECTION OR BLOCK NO. _____ S. R. No. _____

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

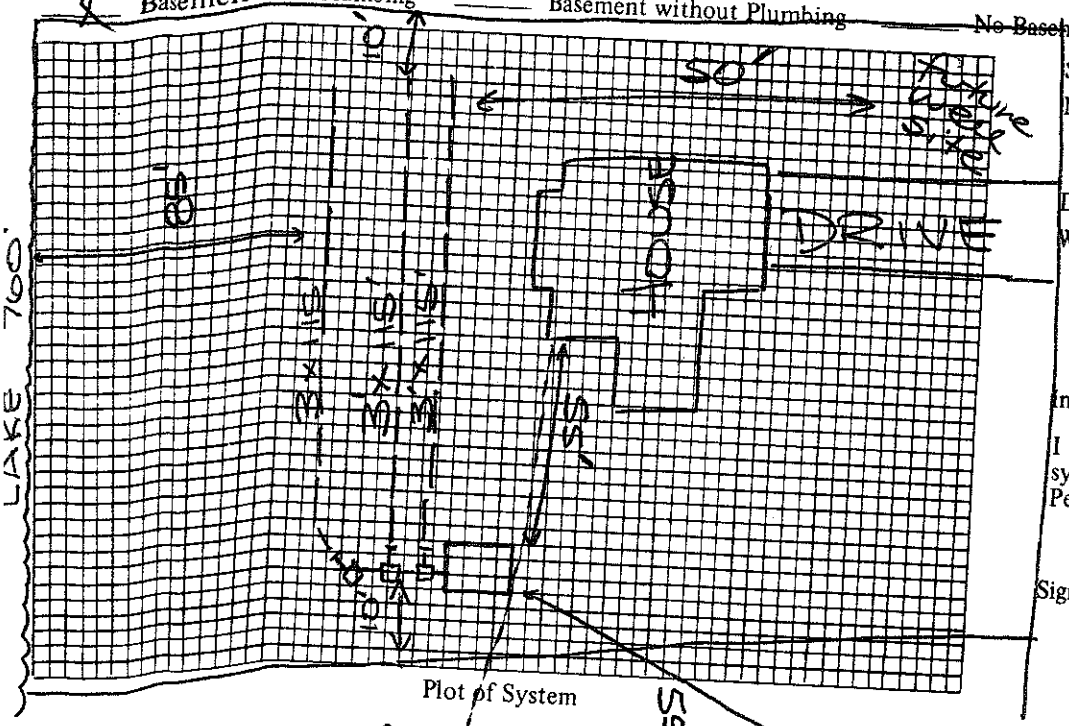
No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 20000ft²

Character & Porosity of Soil Clayey (slightly silty)
Percolation Rate .35 gpd/ft²
Topography 8% - 12%
Depth to Water Table 4'+
Rock or other impervious formations none

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement




Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
STREET

Installed by James Huddler

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce

EXISTING SYSTEM CHECKED BY: _____ DATE 4/21/89

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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