9:30

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IREDELL COUNTY HEALTH DEPARTMENT

Julian Bowles

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Sandra Spiva DATE 08-05-86 PERMIT NO. 345

PHONE: Business _____ Home _____

LOCATION 150 West T.R. Ervin Rd, 5th house on right (MH)

S. R. No. _____

SUBDIVISION NAME Lynnbrook LOT NO. 15 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000 ft²

Character & Porosity of Soil Prov Suitable

Percolation Rate 0.5 gal/ft² /day

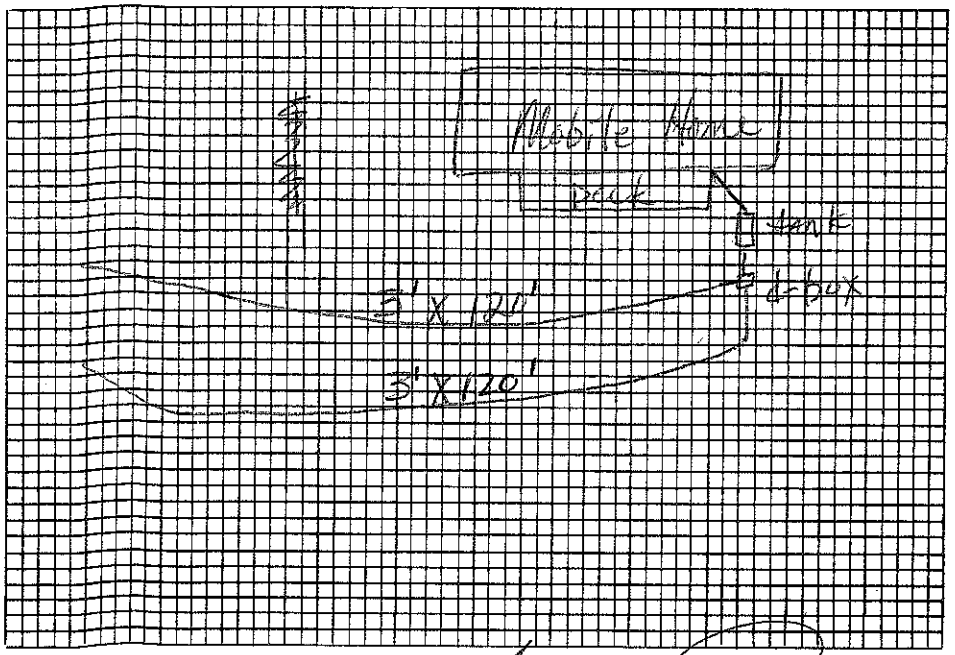
Topography 2-10% Slope

Depth to Water Table 10'+

Rock or other impervious formations scattered rock

X well

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

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: Sandra Spiva

IMPROVEMENTS PERMIT BY Terry L Pierce

COMMENTS: Keep lines shallow, follow contour of land, stay 15' from bank and 10' from all property lines

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