PROPERTY DESCRIPTION 8370

11'00

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 Don Scott Kelly DATE 8/1/88 PERMIT NO. ______

PHONE: Business ______ Home 872-7098

LOCATION 150 W TR Bluefield TL Bearsfoot TL Cherokee Dr. Near end on L. S. R. No. ______

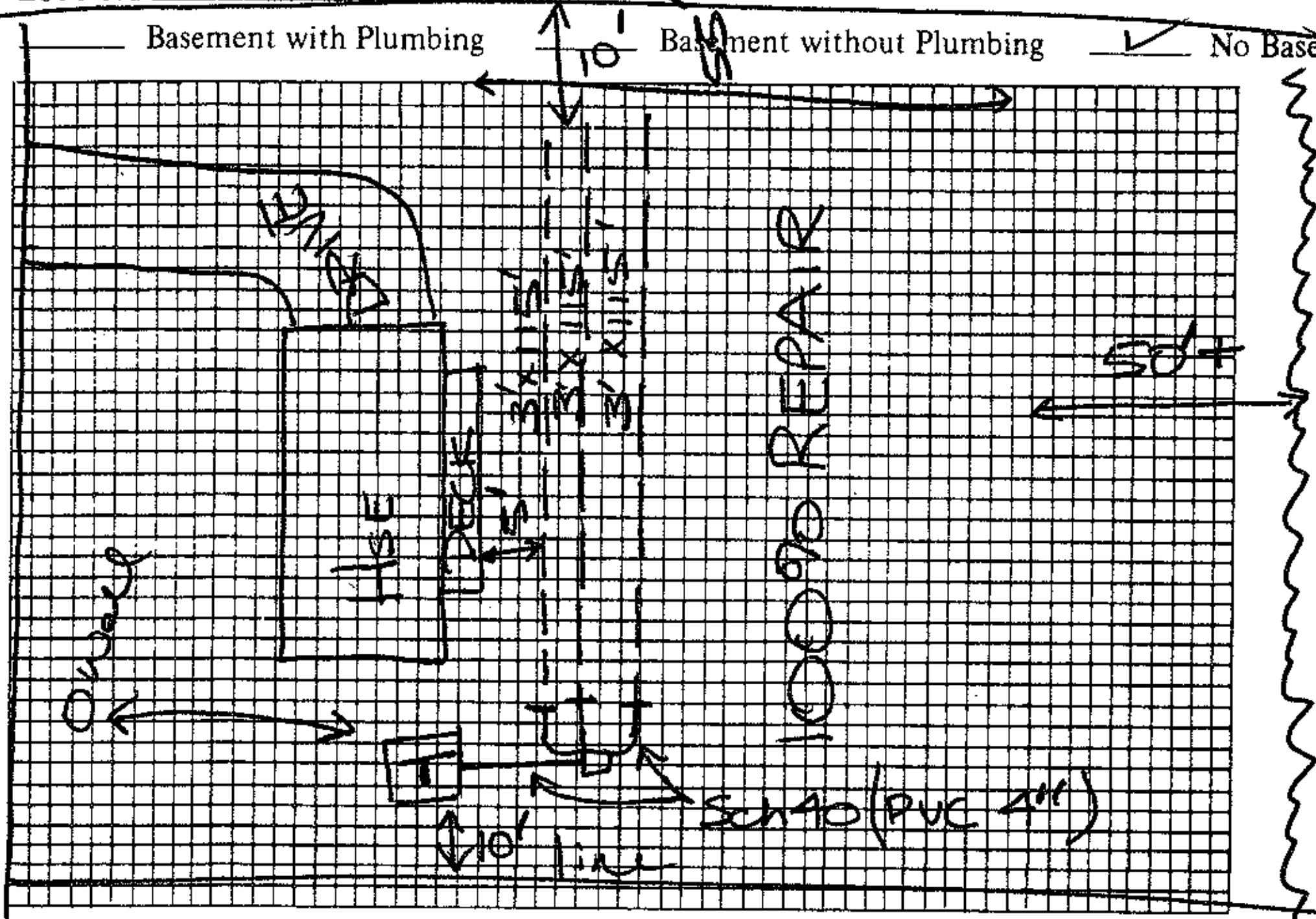
SUBDIVISION NAME BEARSFOOT BAY LOT NO. 16 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ______

Character & Porosity of Soil Clayey
Percolation Rate .35 gpd/ft²
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

______ 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
Sq. Ft. 1035 Linear Ft. 345'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

LAKE NORMAN

Installed by ______

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

Signed: Don S Kelly

IMPROVEMENTS PERMIT BY Andre C [signature]

COMMENTS: Keep system as close to home as possible and maintain MINIMUMS so that Repair AREA CAN BE Maintained 100%. Keep system shallow and lines ON level. Follow natural contour. Plumb distribution and 2'+ to working line w/ 4" Sch. 40 PVC.

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