03869

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 John Haynes DATE May 1, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TR Bluefield TR 1395 (Beaufoot) TR Cherokee Drive (into Beaufoot Bay) on left S. R. No. _____

SUBDIVISION NAME Beaufoot Bay LOT NO. 25 SECTION OR BLOCK NO. _____

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

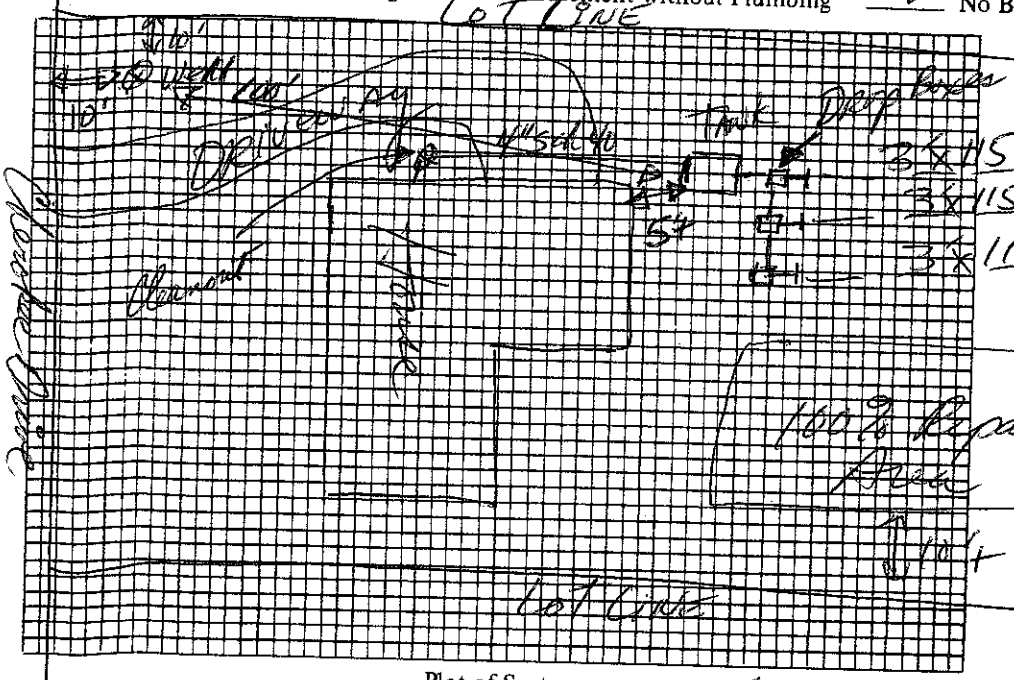
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 2035
Topography 6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 100'x284'

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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: L. N. Beaver

IMPROVEMENTS PERMIT BY David R. Johnson R.S.

COMMENTS: Follow contour with drainfield. Trench bottom depth 24-30".

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