IREDELL COUNTY HEALTH DEPARTMENT 4649066819

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Odell Stamey DATE Sept. 16, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 303 N. TR just before jct w/ 1300 (Teeter Hill Rd.) ~300 on left S. R. No. _____

SUBDIVISION NAME S & S Properties LOT NO. 849 SECTION OR BLOCK NO. _____

DW

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

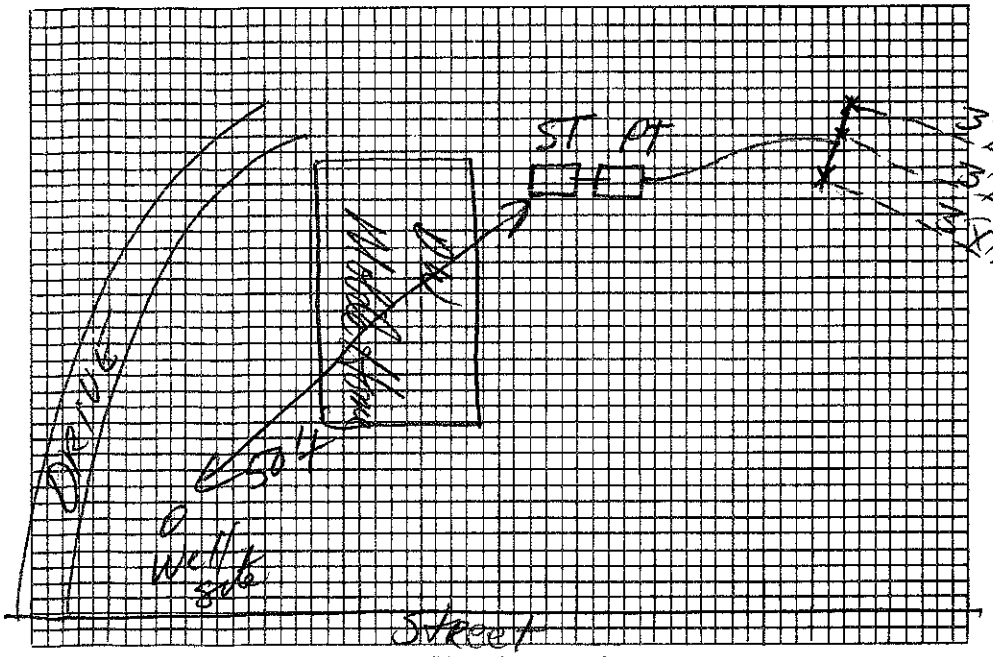
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Lot 9 Yes (✓) No ( )
Lot Area n/Ac

Character & Porosity of Soil clay
Percolation Rate 2-4 mpi
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

1000 gal pump tank

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Albert Bostian

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Alarm tested and working but not mounted.

CERTIFICATE OF COMPLETION BY D R Jamison, RS DATE Sept 16, 87

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