10065

IREDELL COUNTY HEALTH DEPARTMENT PIN# 4655-35-4902

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

OWNER OR CONTRACTOR Andy Baity DATE Dec 5, 89 PERMIT NO. 24-14-A-6

PHONE: Business _____ Home _____

LOCATION 115 S. TL 1136 (Faith Rd.) TR Fire Oak Lane 2nd house on left S. R. No. _____

SUBDIVISION NAME J.C. Caldwell Est. LOT NO. 6 SECTION OR BLOCK NO. _____

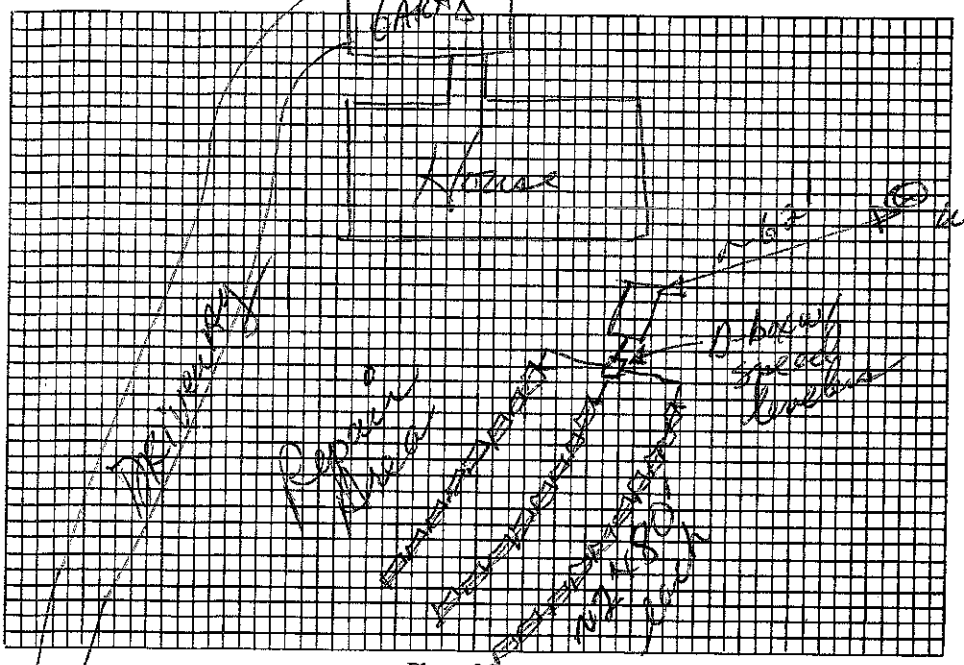
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	P.S. clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	25-3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	34
			Rock or other impervious formations	none obs.

Lot Area 4.85 Ac.

_____ Basement with Plumbing GARAGE Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. ~240 ~~60~~
Depth of Stone in Lines 16" Total

Water Supply: Individual (✓) panels gravity flow
Public ( )

Installed by Little & Hawkins

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Fire Oak Lane

Change in house location and system layout approved prior to installation of system.

CERTIFICATE OF COMPLETION BY _____ DATE 12-5-89

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