4657389528

IREDELL COUNTY HEALTH DEPARTMENT

1401

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

OWNER OR CONTRACTOR Roger C. Harris DATE ~~Sept.~~ 10, '90 PERMIT NO. IL-5-A 7

PHONE: Business _____ Home _____

LOCATION 2 N. TR Oates Rd. At end on Right

S. R. No. _____

SUBDIVISION NAME Summerchase LOT NO. 7 SECTION OR BLOCK NO. _____

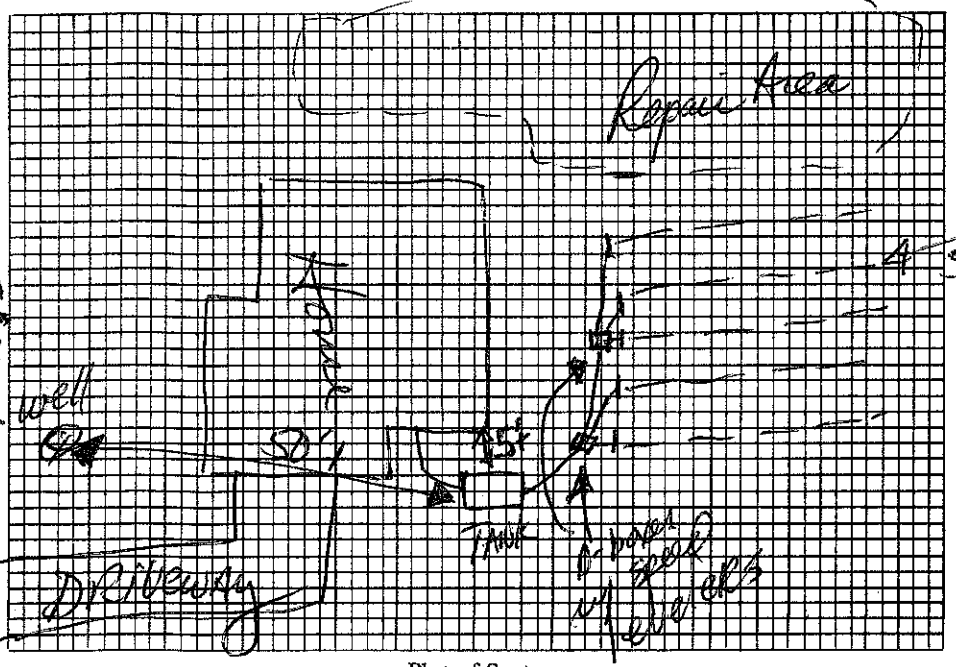
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	24 / 24	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4' +	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	none obs.	
			Rock or other impervious formations		

Lot Area 20000 ft2

_____ Basement with Plumbing _____ ~~Basement without Plumbing~~ ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900+ Linear Ft. 300+

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Well / Public ( )

Installed by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 9-10-90

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