4058346387

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 Alfred McAlister DATE Mar 2, 1990 PERMIT NO. ——

PHONE: Business 663-4215 Home 663-3421

LOCATION Cornelius Farm Rd. T1 past Friendship Baptist Ch
Dirt drive 2nd house on right S. R. No. ——

SUBDIVISION NAME —— LOT NO. —— SECTION OR BLOCK NO. ——

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

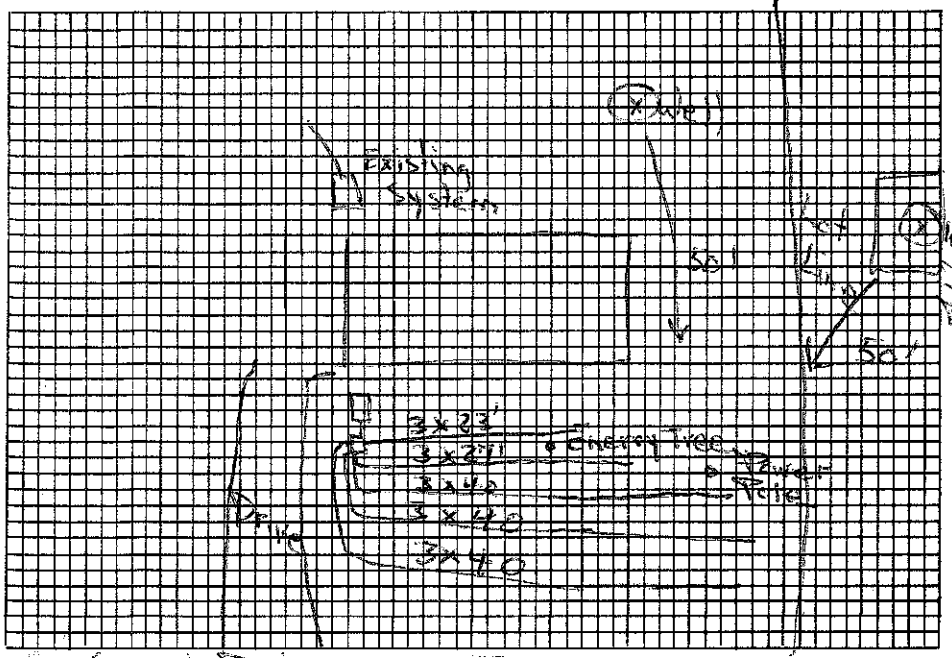
No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	—
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	—
Site Suitable	Yes ( )	No ( )	Depth to Water Table	—
			Rock or other impervious formations	—

Lot Area ——

—— Basement with Plumbing —— Basement without Plumbing ✓ No Basement

Moving system to front



Gravel Drive Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 @ 40 1@ 23' 1@ 27'
Sq. Ft. 510 Linear Ft. 170
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by F.J Ervin

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

Signed: ——

IMPROVEMENTS PERMIT BY ——

COMMENTS: Had to cut 1st two lines short to maintain 50' Separation From Well In Block Bldg. (170' of system) Original system permitted for 200'

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Mar 2, 1990

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