11300

IREDELL COUNTY HEALTH DEPARTMENT PIN# 4665-40-4030

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Enviro Design DATE 7/3/90 PERMIT NO. IB-2-A-24

PHONE: Business _____ Home _____

LOCATION 11255 TL across from (1138) into Belle Glade 2nd lot on right S. R. No. _____

SUBDIVISION NAME Belle Glade LOT NO. 24 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 Yes (✓) No ( )

Character & Porosity of Soil Sandy

Percolation Rate 2.4 2.47

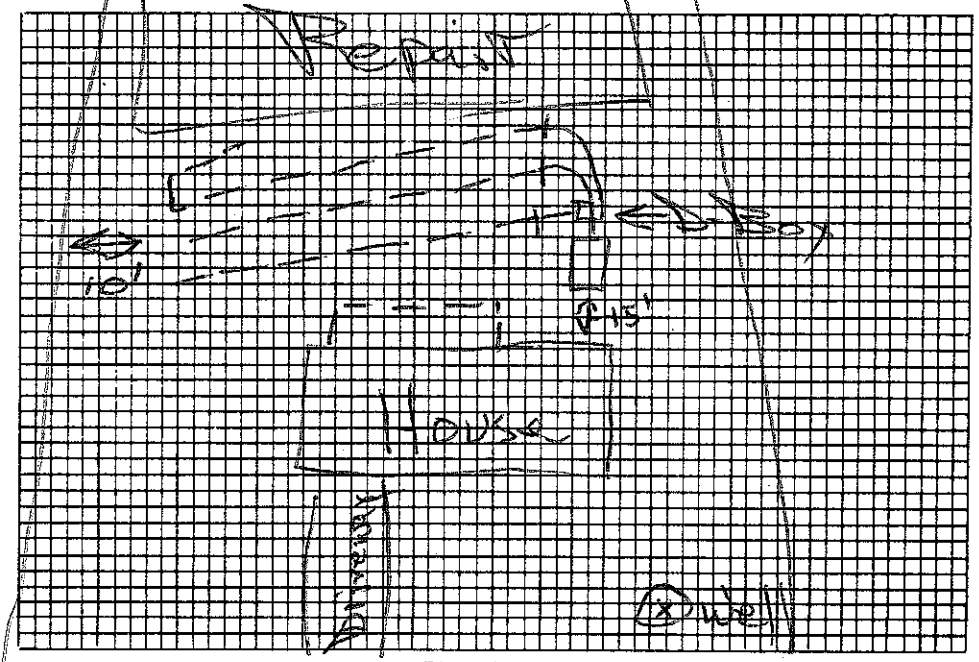
Topography _____

Depth to Water Table 4'

Rock or other impervious formations none obs

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 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 A. Cornelius Grading

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

Signed: _____

IMPROVEMENTS PERMIT BY DFH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 7/3/90

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