1429

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 Eastridge Assoc. DATE 7/3/90 PERMIT NO. IN1-C-7

PHONE: Business ____ Home ____

LOCATION Eastover Drive

____ S. R. No. ____

SUBDIVISION NAME Eastridge LOT NO. 7 SECTION OR BLOCK NO. ____

House ( ) Mobile Home (✓) Business ( ) Other System to serve 3Bdr. House in Future

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes ( ) No ( )

Lot Area ____

Character & Porosity of Soil PS clay

Percolation Rate ~.4

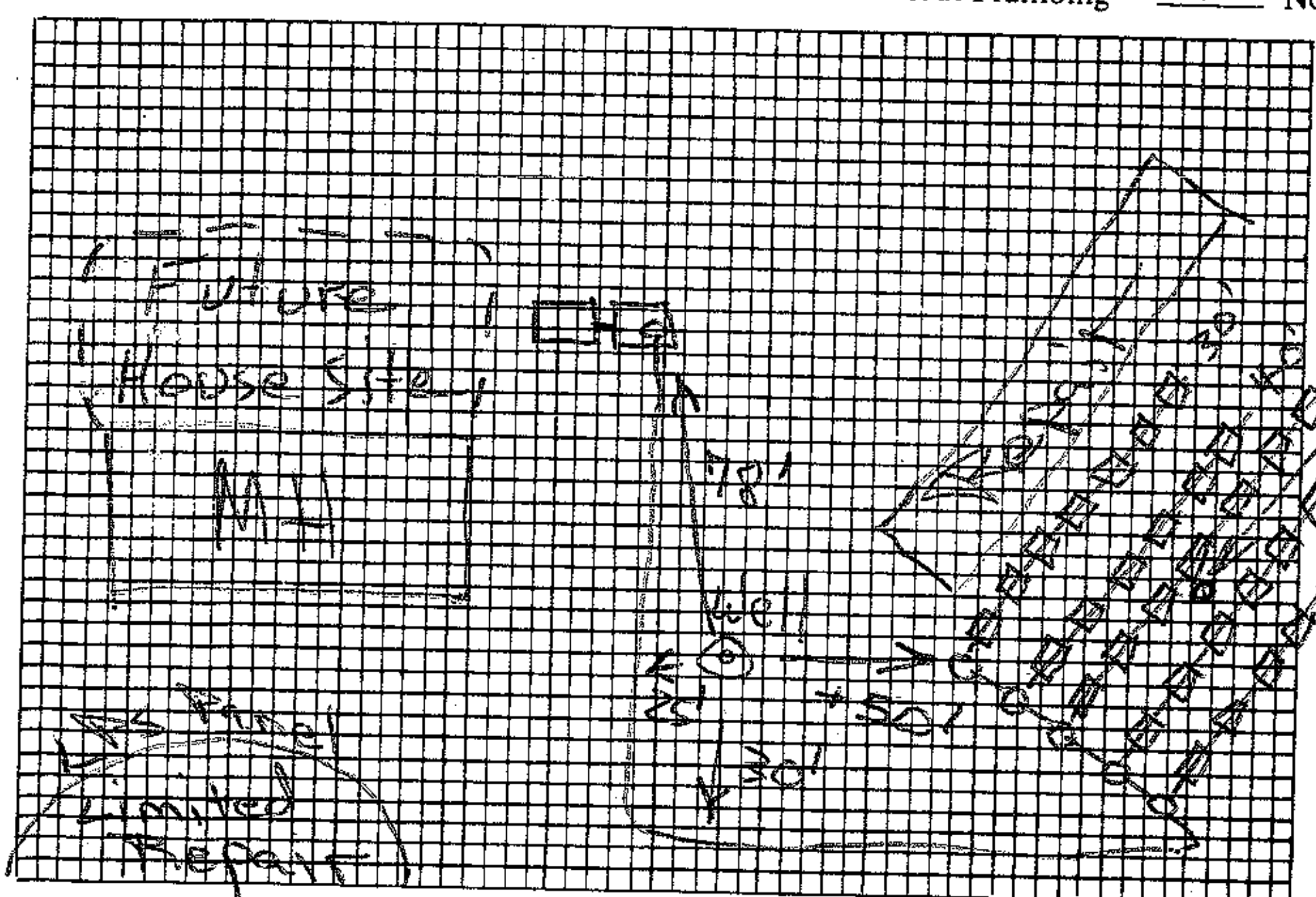
Topography 5-10%

Depth to Water Table +3'

Rock or other impervious formations sap @ 36"

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

1000 PT



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. ____ Linear Ft. 200'

Depth of Stone in Lines T+J

Water Supply: Individual (✓) Panel

Public ( )

Installed by Wayne Potts

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: 255' Supply Line

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