4668-63-8348

IREDELL COUNTY HEALTH DEPARTMENT

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

/NER OR CONTRACTOR Danny & Chris Stotts DATE MAR. 23, 87 PERMIT NO. _____

ONE: Business _____ Home _____

CATION 201 N. TC Alexander Rd. (2398) 1/4 mile IR into Eastridge on RT before curve

3DIVISION NAME Eastridge LOT NO. 21 S. R. No. _____ SECTION OR BLOCK NO. _____

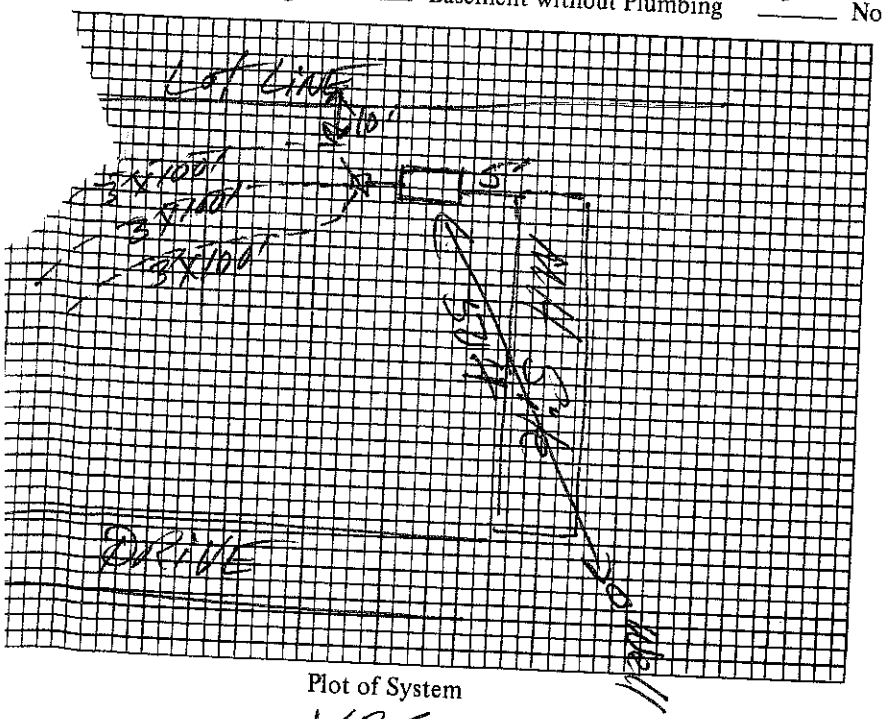
se ( ) Mobile Home (✓) Business ( ) Other _____

Bedrooms 3 No. Bathrooms 2

ıge Disposal Unit Yes ( ) No (✓)
Dishwasher Yes (✓) No ( )
Vash. Machine Yes (✓) No ( )
able Yes (✓) No ( )
3/4 AC.

Character & Porosity of Soil clay
Percolation Rate 2"/4
Topography 2%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

sement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 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 Wayne Potts

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

Signed: _____

'EMENTS PERMIT BY KRS

NTS: _____

CATE OF COMPLETION BY D.R. Hinson, R.S.

SYSTEM CHECKED BY: _____ DATE MAR 23 87

NSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
'OID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
nts Permit. DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold