1124

IREDELL COUNTY HEALTH DEPARTMENT PIN# 4668-63-8512

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

OWNER OR CONTRACTOR River Bank Inv. Co. DATE 5/18/89 ~~PERMIT NO.~~ 18D

PHONE: Business _____ Home 663-3101

LOCATION 115 N. TR 2395 TR Overhead Bridge Rd. TL Oliphant Rd. TL into development. On R. in curve S. R. No. _____

SUBDIVISION NAME Eastridge LOT NO. 20 SECTION OR BLOCK NO. _____

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

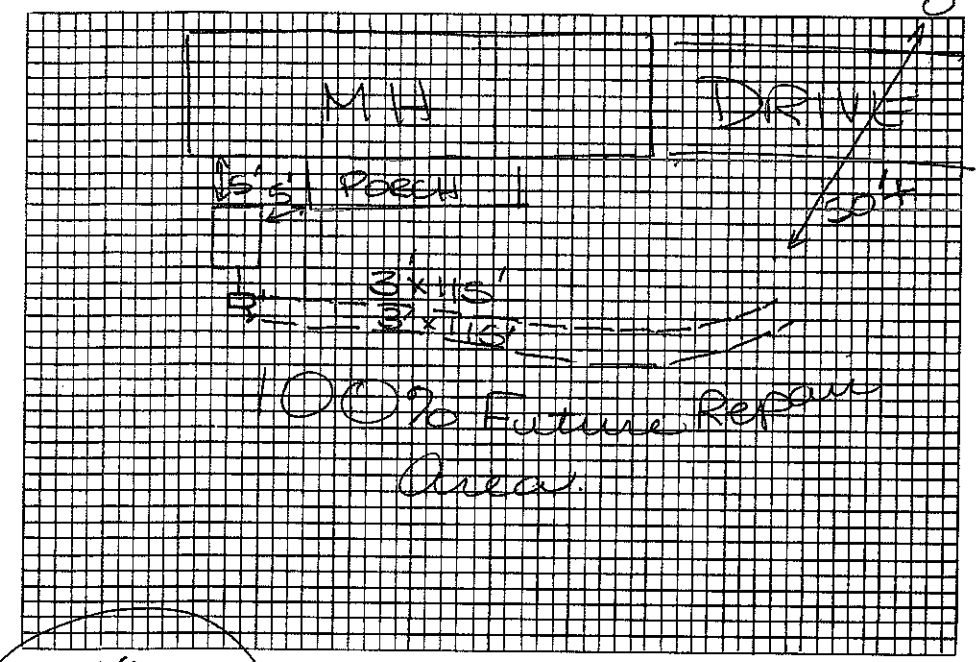
No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Clay
Percolation Rate .35 gpd/ft²
Topography 60%
Depth to Water Table 4'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Not to Scale

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
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: _____

SWAG (silt fence)

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Bruce DATE 5/18/89

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