08834

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 DON E. STEWART DATE 4-27-89 PERMIT NO. 17A

PHONE: Business _____ Home _____

LOCATION Byrd & Starks Request - T.L. on Laurel Cove Rd - stay straight - lot on (R) 1/2 mi. from end. S. R. No. _____

SUBDIVISION NAME LAUREL COVE LOT NO. 9 SECTION OR BLOCK NO. _____

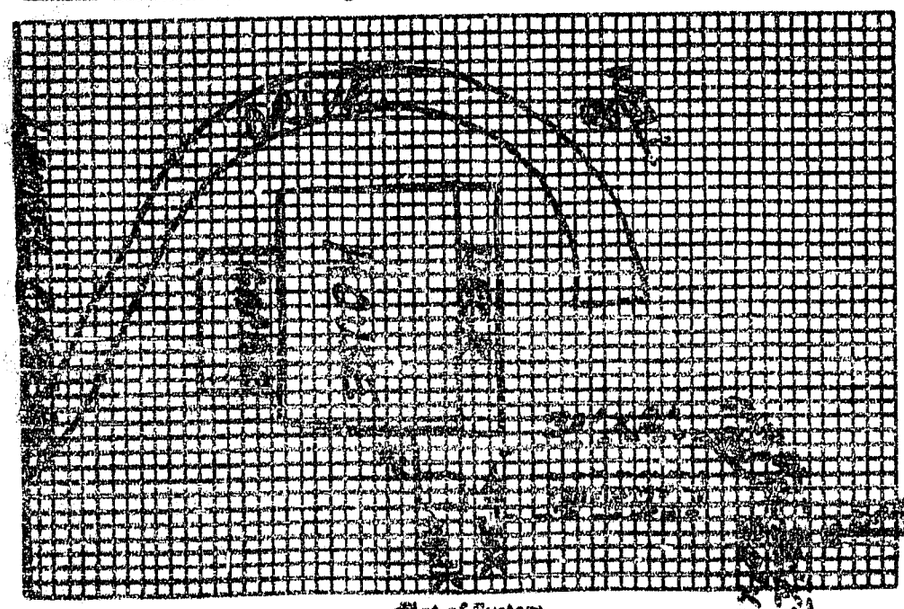
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Gray - Suitable.
Percolation Rate Good 10 min.
Topography 2 - Lots of fill
Depth to Water Table 10+
Rock or other impervious formations scattered surface rock.

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 300 Lines Ft. 150'
Depth of Stone in Lines 12" STONE UNDER PANELS.
Water Supply: Individual (✓) Public ( )
16" T+J Panel System.
Installed by James Hubbard

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: One septic system installed as shown - 2 dist. boxes. Well over 50' from nearest pond line. Future additional pipe indicated.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-27-89.

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