00780

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 JEAN HOBBY

PHONE: Business _____ Home _____ DATE 8-3-84 PERMIT NO. _____

LOCATION Buffalo Shoals Rd. west - T.L. on Laurel Cove Rd. (last driveway before Catawba line) - lot on (R) as coming down to lake

SUBDIVISION NAME LAUREL COVE LOT NO. 1 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ SECTION OR BLOCK NO. _____

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 Prev Suitable

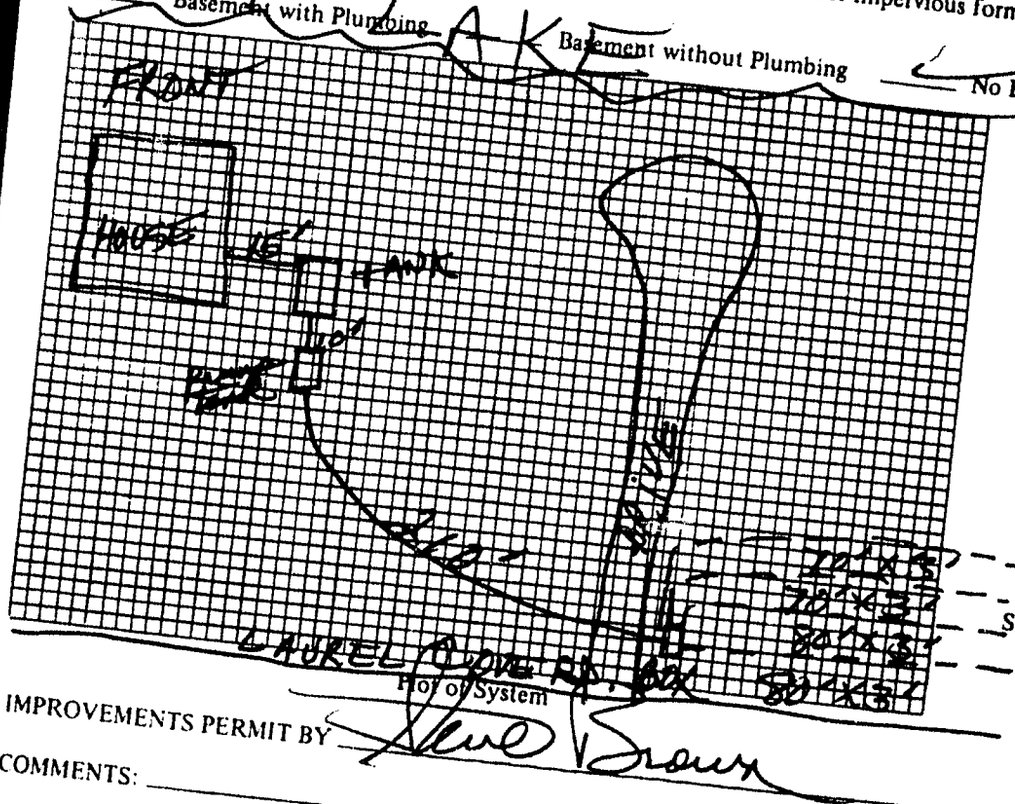
Percolation Rate Prev. Suitable

Topography G-10% S.F.

Depth to Water Table 7'+

Rock or other impervious formations None observed.

Basement with Plumbing ✓ Basement without Plumbing ✓ No Basement



Size of Tank 1500 + 1000 gal pump tank Gals.

Nitrification Field: 4

No. of Lines _____

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Robert Barry Symmes

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-3-84.

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