37265

1580.

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 ERIC HOYLE DATE 10-17-90 PERMIT NO. 3D-3-A-7

PHONE: Business _____ Home _____

LOCATION Set intersection of Hwy 21 & Heron Woods Dr. go approx 1.1 mi. into dev. to stop sign, turn left on Heron Woods Dr. go approx .2 mi. to 2nd lot on left. E. R. No. _____

SUBDIVISION NAME HERON WOOD SECT. 1 LOT NO. 1 SECTION OR BLOCK NO. _____

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

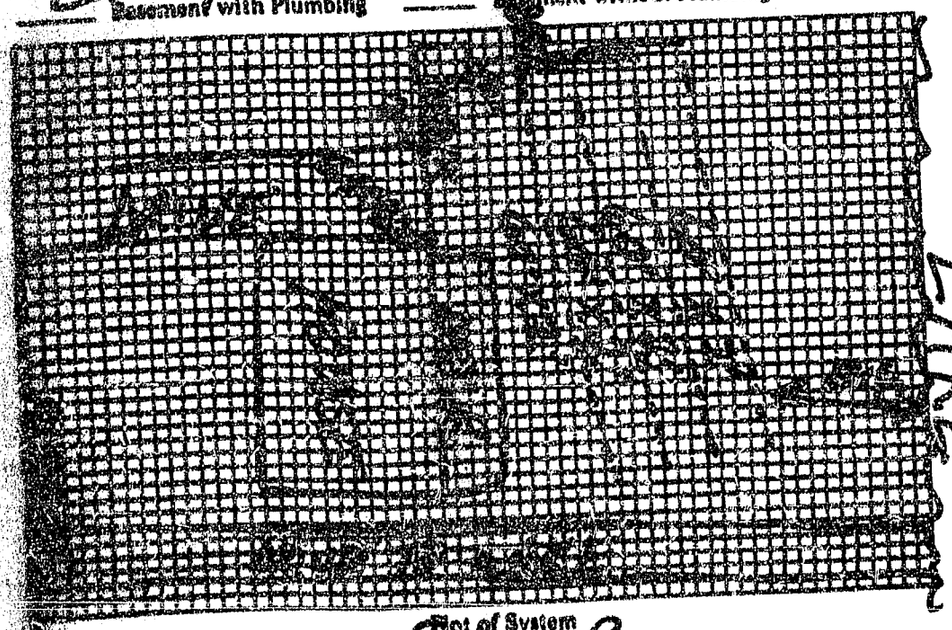
No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (1) No ( )
Auto. Dishwasher Yes (1) No ( )
Auto. Wash. Machine Yes (1) No ( )
Site Suitable Yes (1) No ( )

Character & Porosity of Soils Fair suitable.
Percolation Rate 60 min/in.
Topography Gently
Depth to Water Table 5+ ft
Rock or other impervious formations None observed.

Lot Area 4 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.
Nitrification Field
No. of Lines 4
Sq. Ft. 240 Lineal Ft. 240
Depth of Stone in Lines 24" SAND UNDER PANEL
Water Supply: Individual ( ) Public (X)
16" T+J PANEL SYSTEM.

Installed by Yount & Sons

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-17-90.

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