00125

IREDELL COUNTY HEALTH DEPARTMENT (84)

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

OWNER OR CONTRACTOR PETER QUINN, SHELIA KINDLE / DATE 10-10-84 PERMIT NO. _____

PHONE: Business 483-5557 Home _____

LOCATION Buffalo Shoals Rd. west - gate on left. 2 mile before Catawba River

_____ S. R. No. _____

SUBDIVISION NAME RAY STEWART PROPERTY LOT NO. 1 SECTION OR BLOCK NO. _____

MIDDLE

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 .725 acre

Character & Porosity of Soil Poor - Suitable

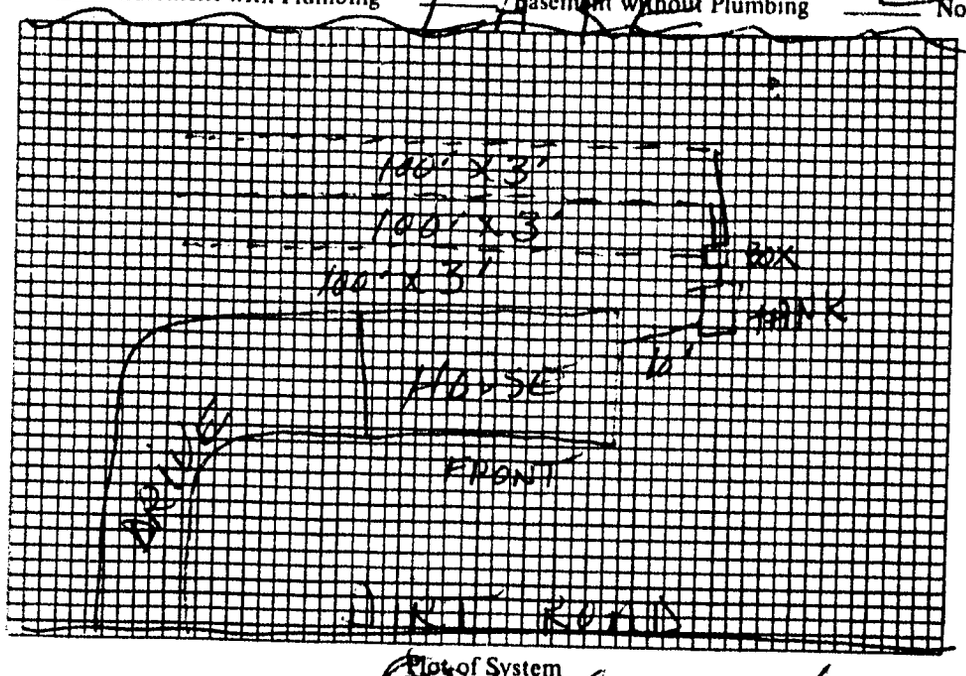
Percolation Rate 4 gal/sq. ft.

Topography 6-8% slope

Depth to Water Table 10'+

Rock or other impervious formations none noted.

_____ Basement 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 Roger Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sleeks

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-10-84.

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