09502

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 ERNEST PILKEY JR. DATE 3-10-89 PERMIT NO. 146

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Pl. west past Eufola Rd. - T.L. on Swallow Rd. 3rd to 1st driveway - Mobile Home up in woods. S. R. No. _____

SUBDIVISION NAME TWELVE OAKS DEV. LOT NO. 7 SECTION OR BLOCK NO. _____

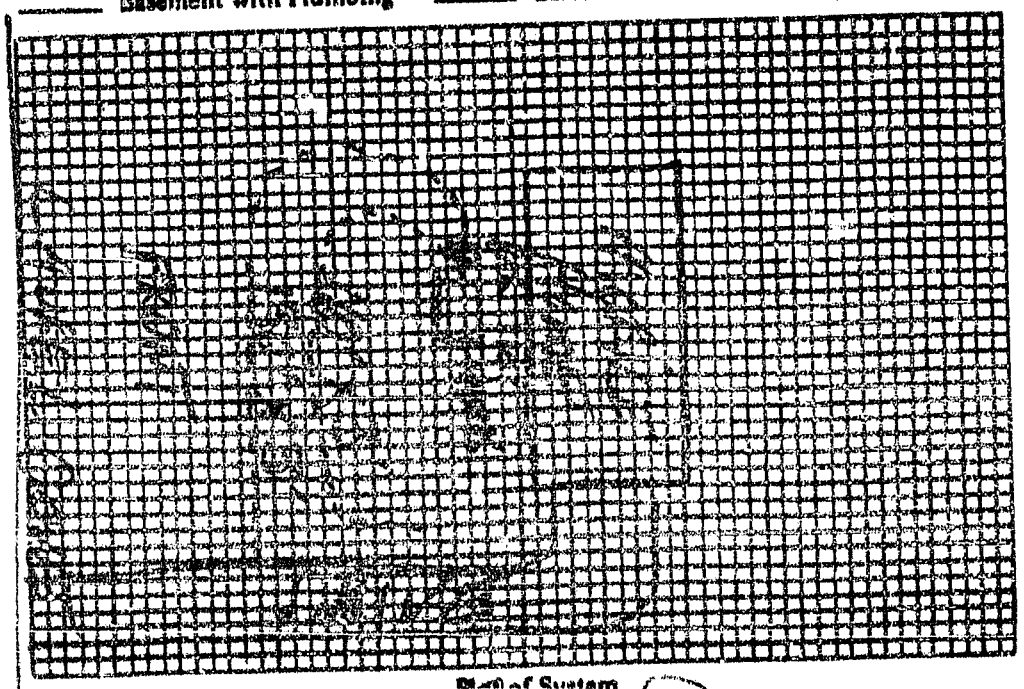
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Poor Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	38 Min/In
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Lot
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Not observed

Lot Area 100' X 200' Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Lineal Ft. 240
Depth of Stone in Lines 2'

Water Supply: Individual (✓)
Public ( )

Installed by Larry Grant Maiden Septic Tank Service

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

Signed: _____

Plan of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-10-89

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