08684

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT NO. _____

OWNER OR CONTRACTOR MARVIN R. STEWART DATE 4-26-88

PHONE: Business _____ Home _____

LOCATION Hwy T.L. on Alexander Rd. approx. 1/2 mile on Left No. _____
Below Rd. across from Robert Henkel's Trailer

LOT NO. 18 SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

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 125' X 195'

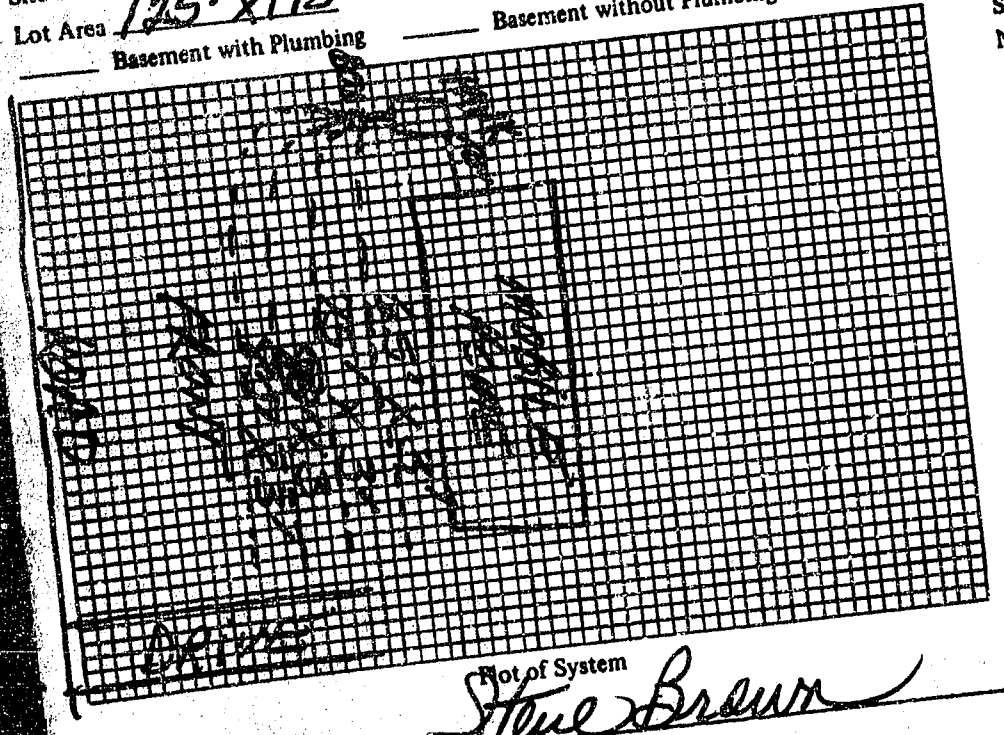
Character & Porosity of Soil Sandy Loam Loose Sand
Percolation Rate 2-6 Min/In
Topography Level to 10%
Depth to Water Table 10' +
Rock or other impervious formations None observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Liner 12"

Water Supply: Individual (✓)
Public



Plot of System

Installed by Chaffin Farms

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brewer

COMMENTS: _____

DATE 4-26-88

CERTIFICATE OF COMPLETION BY Steve Brewer DATE _____

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