10581.

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 THOMAS WATT DATE 3-8-90. PERMIT NO 8K-6-A-21.

PHONE: Business _____ Home _____

LOCATION I-40 W-T.L. on Old Nto. Rd.-T.L. into Celeste Estates-1st on left 2nd road. S. R. No. _____

SUBDIVISION NAME Celeste Estates. LOT NO. 21 SECTION OR BLOCK NO. _____

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 2 acres

Character & Porosity of Soil Fair to Suitable

Percolation Rate 40 min./in.

Topography 2-10%

Depth to Water Table 10'+

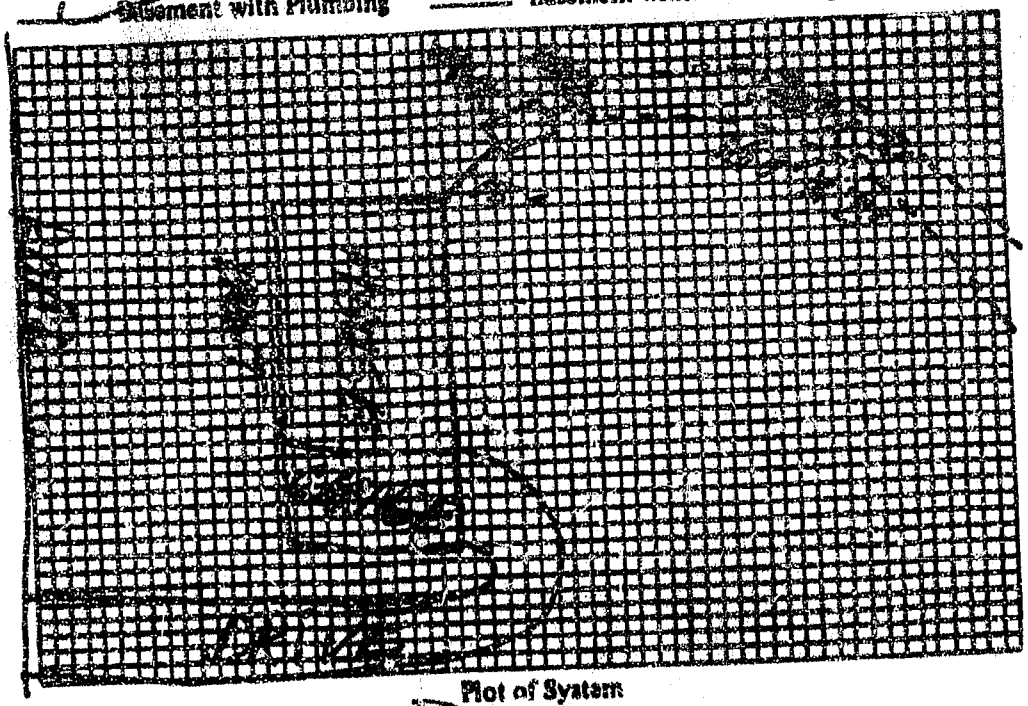
Rock or other impervious formations None encountered.

1 Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900+ Linear Ft. 300+
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public ( )



Plot of System

Installed by Forest Shuford

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

Signed: _____

IMPROVEMENTS PERMIT BY Darrin Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-8-90.

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