1065.

35540

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 STANLEY CONNOR DATE 11-21-89 PERMIT NO. ST-1-A-28.

PHONE: Business _____ Home _____

LOCATION Take Exit 49 off Hwy 94 W-T.R. on Wood Bridge Rd. - go approx. 3 mi. - T.L. on Blewett Falls Rd. & 1st D. on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 4 acres.

Character & Porosity of Soil Fair - Suitable.

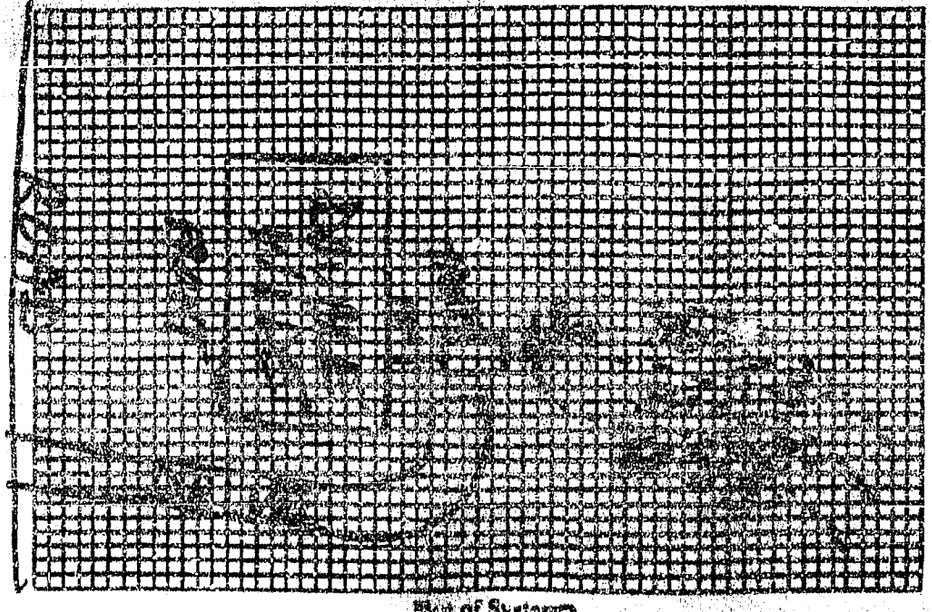
Percolation Rate 30 Min.

Topography 2-10% Slope

Depth to Water Table 10 ft

Rock or other impervious formations surface rock.

_____ 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 12"

Water Supply: Individual (✓)
Public ( )

Installed by Dennis Hollifield

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

Signed: _____

Plan of System

IMPROVEMENTS PERMIT BY Edward Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Edward Brown DATE 11-21-89

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