10020

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 Kathryn Ottone DATE 7-11-89 PERMIT NO. C-6

PHONE: Business _____ Home _____

LOCATION 115 N. to Mt. Ulla Co. Line Left 5th to Rt — TL on Left 1st on Rt — R. Steel S. R. No. _____

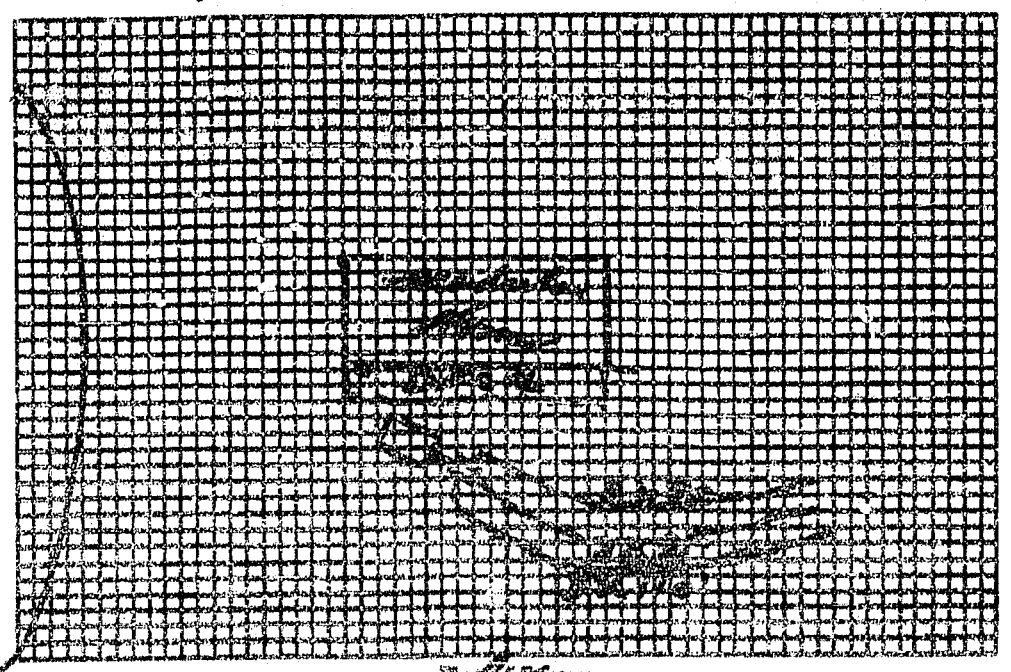
SUBDIVISION NAME Country Life Estates LOT NO. 11-12 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	Loam Clay Subsoil
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	45 min 1" 2 ft Gravel
Auto. Dishwasher	Yes (✓)	No ( )		Topography	Level
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	18"
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	None

Lot Area Adequate

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 285 Linear Ft. 295
Depth of Stone in Lines 22"

Water Supply: Individual ( )
Public (✓)

Installed by A-1 Backhoe

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 7/11/89

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