01543

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 CHRISTOPHER COWAN DATE 10-15-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west - T.R. on Airport Rd. - ¼ mi. on (L). Enter dev. 200 yards on (L).

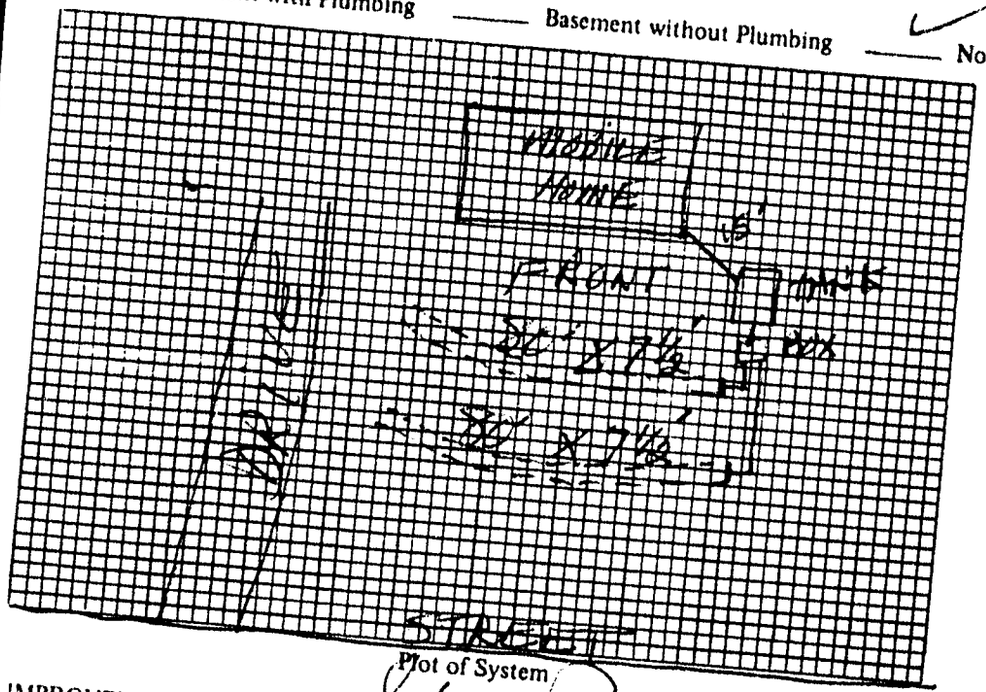
SUBDIVISION NAME DEERFIELD ESTATES LOT NO. 38 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Gravel Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 4 gal/sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 18"+
Lot Area 1 acre+			Rock or other impervious formations scattered rock.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by A-M ENTERPRISES

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Bed system installed because of presence of rock.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-15-84

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