02709

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 02709

OWNER OR CONTRACTOR Larry Osborne DATE 04-04-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd west, TR on Airport Rd - go 1/4 mile on right. Enter development - approx 1/4 mile on left S. R. No. _____

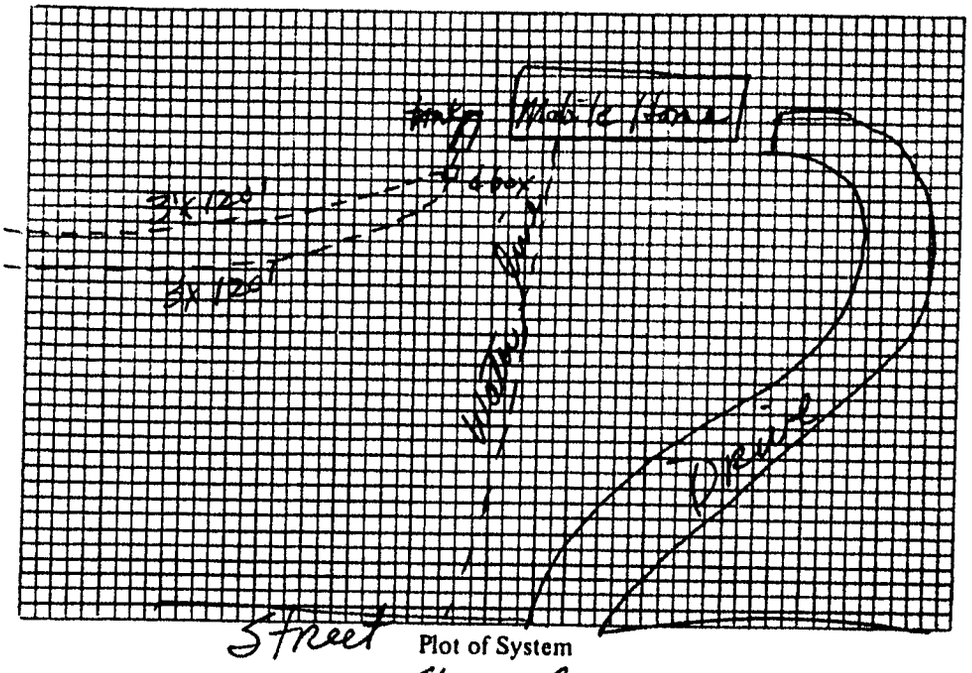
SUBDIVISION NAME Deerfield Estates LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2	Character & Porosity of Soil	Prov. Suitable
Garbage Disposal Unit	Yes ( )	No	(✓)	Percolation Rate	0.53 gal/ft²/day
Auto. Dishwasher	Yes ( )	No	(✓)	Topography	2-6% Slope
Auto. Wash. Machine	Yes (✓)	No	( )	Depth to Water Table	10'
Site Suitable	Yes (✓)	No	( )	Rock or other impervious formations	none

Lot Area 1 acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Chuck Gilleland

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jerry L Queen DATE 04-04-85

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