01870

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 C. W. Harkey

PHONE: Business ______ Home ______ DATE 10-12-84 PERMIT NO. ______

LOCATION Buffalo Shoals Rd quest. - T.R. on Airport Rd. - go 7/8 mi. T.R. into dev., go straight around curve - 2nd MH on left

SUBDIVISION NAME DEERFIELD ESTATES ______ S. R. No. ______

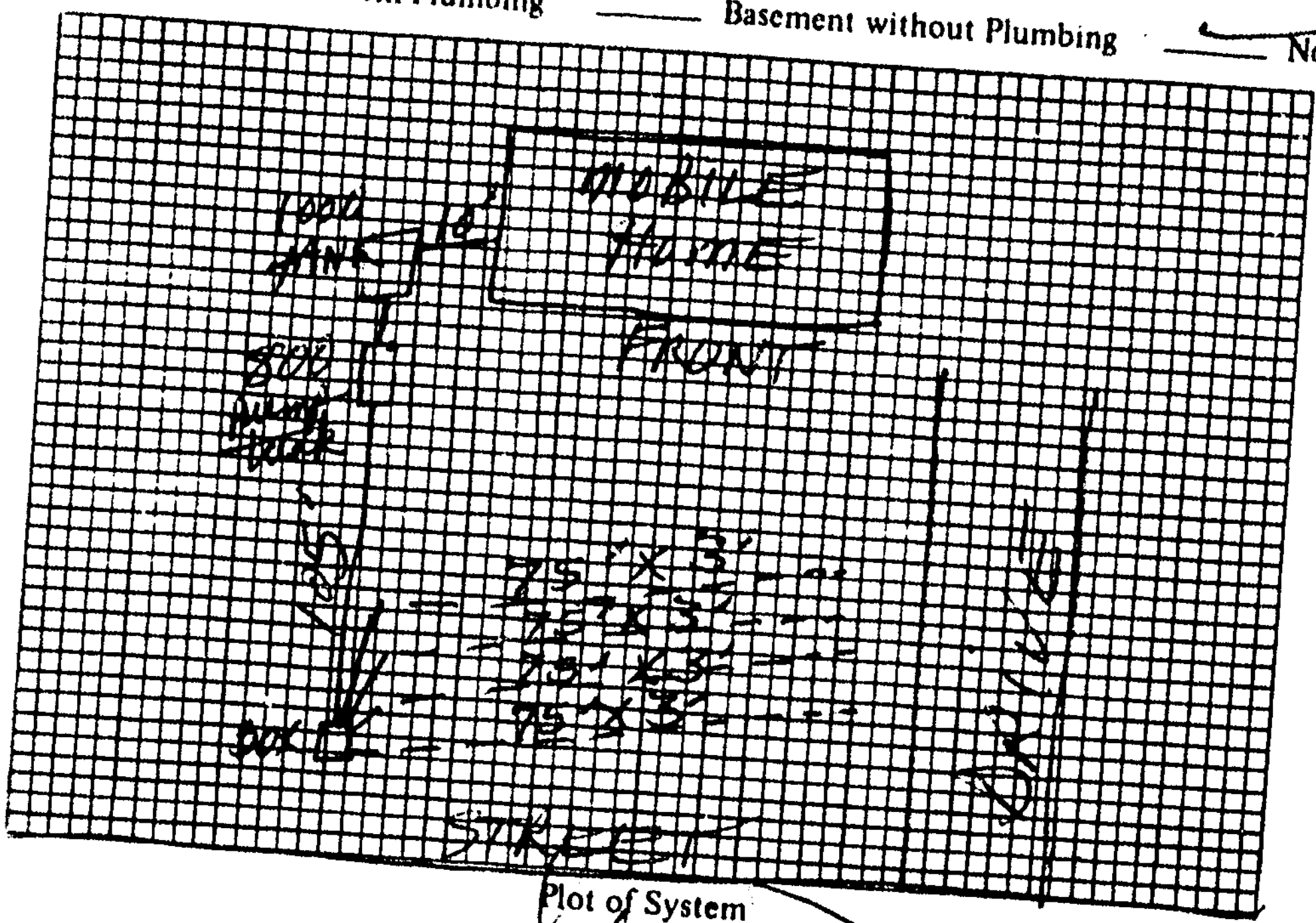
LOT NO. 17 SECTION OR BLOCK NO. ______

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

No. Bedrooms 2 No. Bathrooms 1.5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prov. Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	[illegible] /sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
Lot Area Ample			Rock or other impervious formations	none observed.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 + 800 pump tank Gals.

Nitrification Field 4

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by AAA ENTERPRISES

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 Steve Brown ______ DATE 10-12-84

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