02068

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 MECHEAL WATERS DATE 9-18-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west T.R. on Airport Rd. - go 3/8 mi. - T.R. into dev. - follow st. all the way to end at cul de sak.

SUBDIVISION NAME DEER FIELD ESTATES LOT NO. 22 S. R. No. _____ SECTION OR BLOCK NO. _____

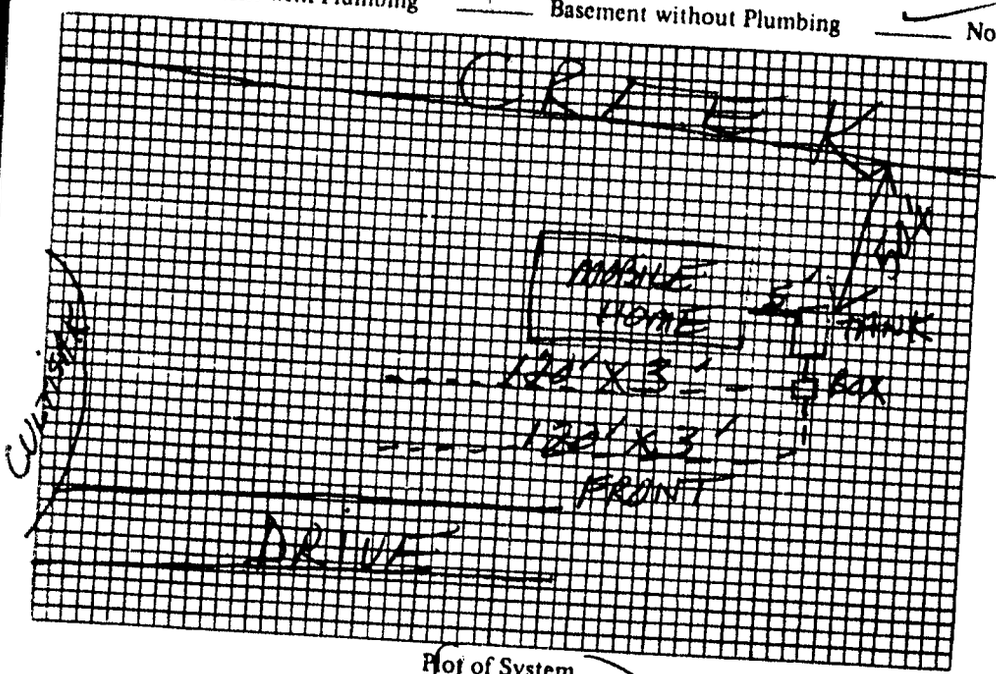
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1 acre

Character & Porosity of Soil Prov. Suitable
Percolation Rate 5 gal/sq. ft.
Topography 2-6%
Depth to Water Table 104
Rock or other impervious formations none observed.

_____ 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 Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape over S.T. system for surface water control. Recommended to create diversion ditch above S.T. system to handle surface water.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 9-18-84.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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