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 Bob STAMEY DATE 8-14-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 N - ½ mi. past Bristol Drive on Rt. (At Old Buick Motel).

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

~~10 Apartments~~ Addition to existing dwelling with septic system

House ( ) Mobile Home ( ) Business ( ) Other Addition to existing dwelling with septic system

No. Bedrooms 10 No. Bathrooms 10

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample.

Character & Porosity of Soil Loam - Suitable.

Percolation Rate 2-30 min/in

Topography 2-5% slope

Depth to Water Table 12+

Rock or other impervious formations None encountered.

(✓) Basement with Plumbing _____ Basement ~~without plumbing~~ CRAWL _____ No Basement

EXISTING INCLUDING DOSING CHAMBER

Size of Tank 1500 Gals.

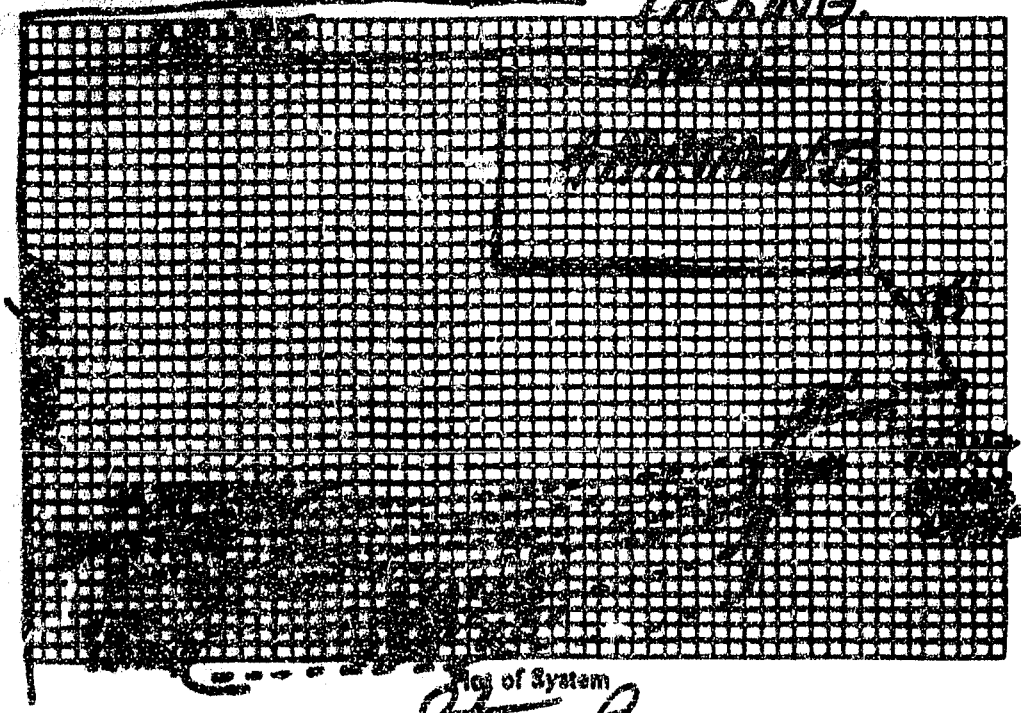
Nitrification Field:
No. of Lines 2 465
Sq. Ft. 1395 Linear Ft.
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Bob Stamey supervised
Installed by Wes Lytton

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

Signed: _____



Plot of System

IMPROVEMENTS PERMIT ISSUED BY Steve Brown

COMMENTS: Single bedroom dosing system existing. Manhole cover over dosing chamber.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-17-90

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