11248

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 Carlos Hoss DATE 4/19/90 PERMIT NO. 4-5-3-4-15

PHONE: Business _____ Home _____

LOCATION 115 N to Country Life - 1st rt. on Right Leaving 115 Statesville

SUBDIVISION NAME Country Life Estates LOT NO. 15 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 2 Ac

Character & Porosity of Soil Clay Loam

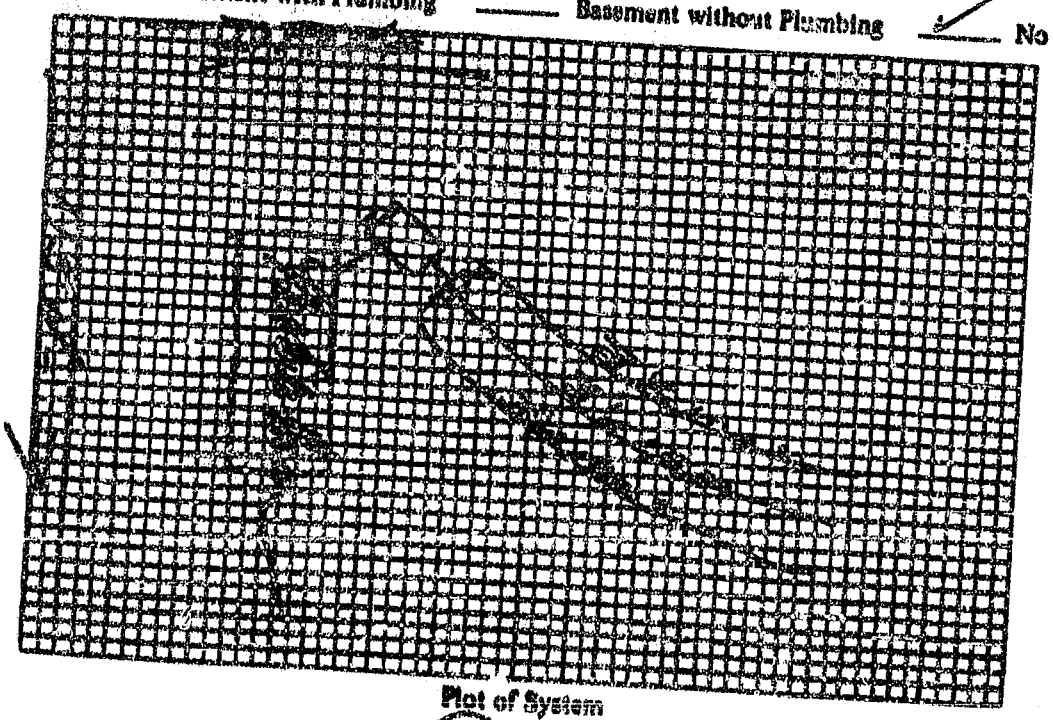
Percolation Rate 4

Topography 2 to 7%

Depth to Water Table 10'

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 2'

Water Supply: Individual ( )

Public (✓)

Installed by Boyland Grant Co.

I understand and agree to install the above sewage disposal system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY D. Wilson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/19/90

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