12713.

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 EMMETT FORREST DATE 12-19-91 PERMIT NO. 3F-13-A-14.

PHONE: Business _____ Home _____

LOCATION State Park Rd. off Fifth Rd. - T.L. on Honeycutt Rd. - 2 ~~miles~~ ~~to~~ ~~Beer~~ ~~Top~~ Trail - T.L. on 1st. lt. - 2 ~~miles~~ to intersection of Hot Acres Add. S. R. No. _____

SUBDIVISION NAME CAPTAIN'S COVE. LOT NO. 14. SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition to house.

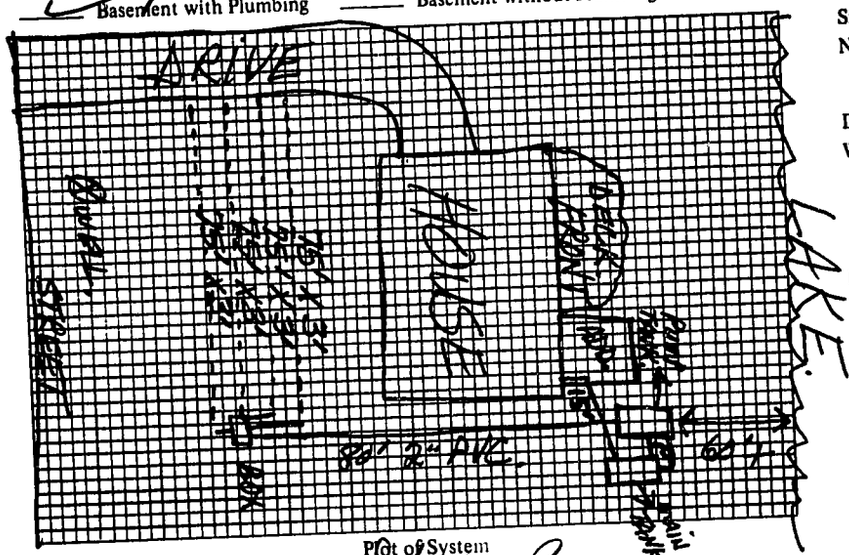
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil RELOCATION OF
Percolation Rate
Topography
Depth to Water Table SEPTIC TANK.
Rock or other impervious formations

Lot Area Ample.

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wes Lytton

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Relocation of septic tank on account of a building addition.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-19-91.

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