11696

# 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 Barbara stevenson DATE 7-26-90 PERMIT NO. 6B-6-A-9

PHONE: Business ________ Home ________

LOCATION 215 Lf on Cumberland Rt onto Sable Point lot 9 on left S. R. No. ________

SUBDIVISION NAME Sable Point LOT NO. 9 SECTION OR BLOCK 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 ( ) |

Character & Porosity of Soil Clayey

Percolation Rate .4

Topography sloping

Depth to Water Table 4'+

Rock or other impervious formations none

Lot Area 1 acre

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

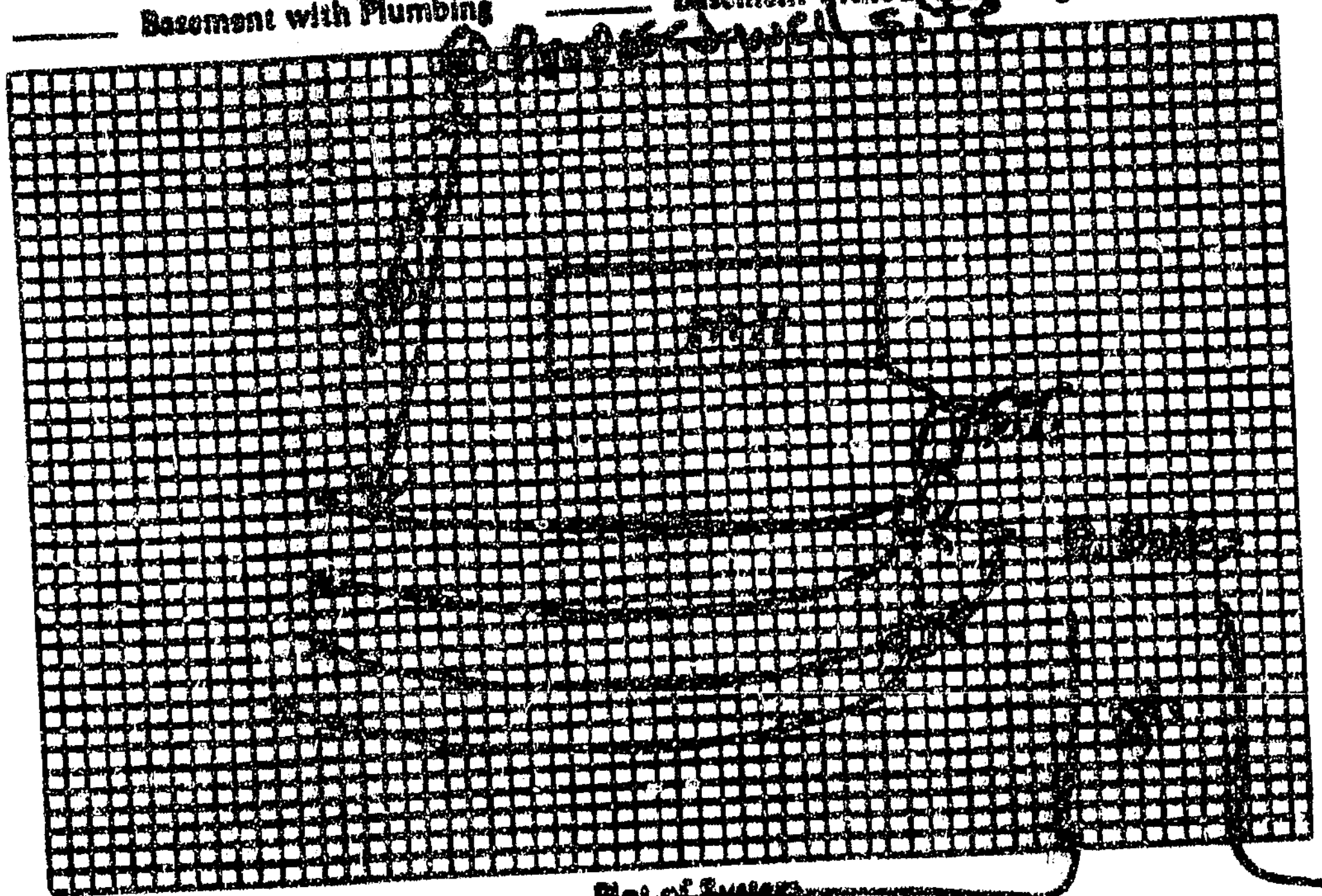
Nitrification Field: 4

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )



Plot of System

street

Installed by Ken Dellinger

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

Signed: ________

IMPROVEMENTS PERMIT BY E. C. Moore

COMMENTS: ________

CERTIFICATE OF COMPLETION BY E. C. Moore DATE 7-27-90

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