owner. Carla Yost

IREDELL COUNTY HEALTH DEPARTMENT

FAXED 2-27-04 11:45 @

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Scott Savvis DATE 10-8-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Corner of Macon & Cameron Drive

S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay

Percolation Rate 12 Gal/55 Hours

Topography Hilly

Depth to Water Table 10'+

Rock or other impervious formations None

Lot Area ½ acre

16x32 Grecian

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1250 Upper 500 Lower Gals.

Nitrification Field:

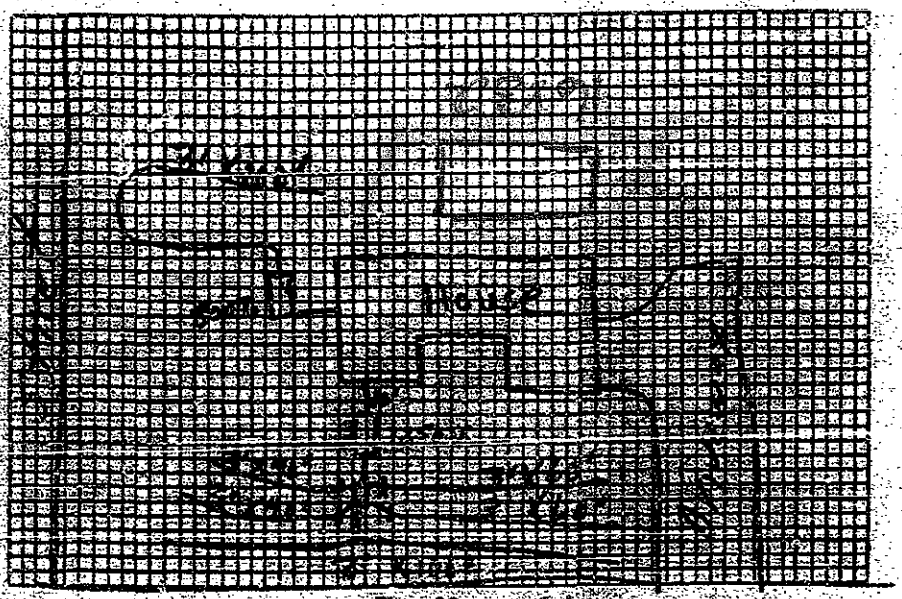
No. of Lines 6

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)



Plot of System

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-8-84

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

JAN. 4. 1989 1:57