35503

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

10621

OWNER OR CONTRACTOR Douglas Mahaffey DATE 9/19/90 PERMIT NO. 9A-A-106

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL OLD WILKSBORO RD ON (L) PAST EDENBOURGH & JUST BEFORE SCOTTS CREEK RD. S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area 4½ Ac

Character & Porosity of Soil PS
Percolation Rate .4
Topography 2-6 % LS
Depth to Water Table 10'+
Rock or other impervious formations NONE

REPAIR AREA

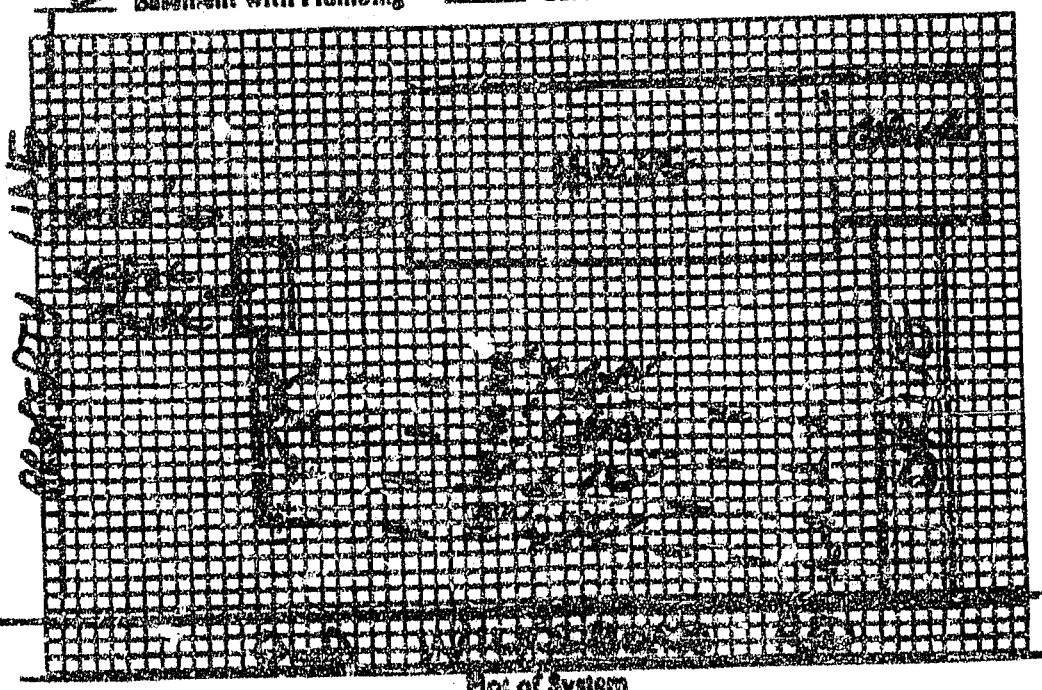
(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

STB 8/30/90

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 780 Linear Ft. 260
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 D. WEAVER

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARIC DATE 9/19/90

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