4740538358

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 David Beam DATE Oct. 22 '91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N. TL 312 (Hower House Loop) TL 1314 (Clontz-Hall Rd.) ~¼ mile on right S. R. No. _____

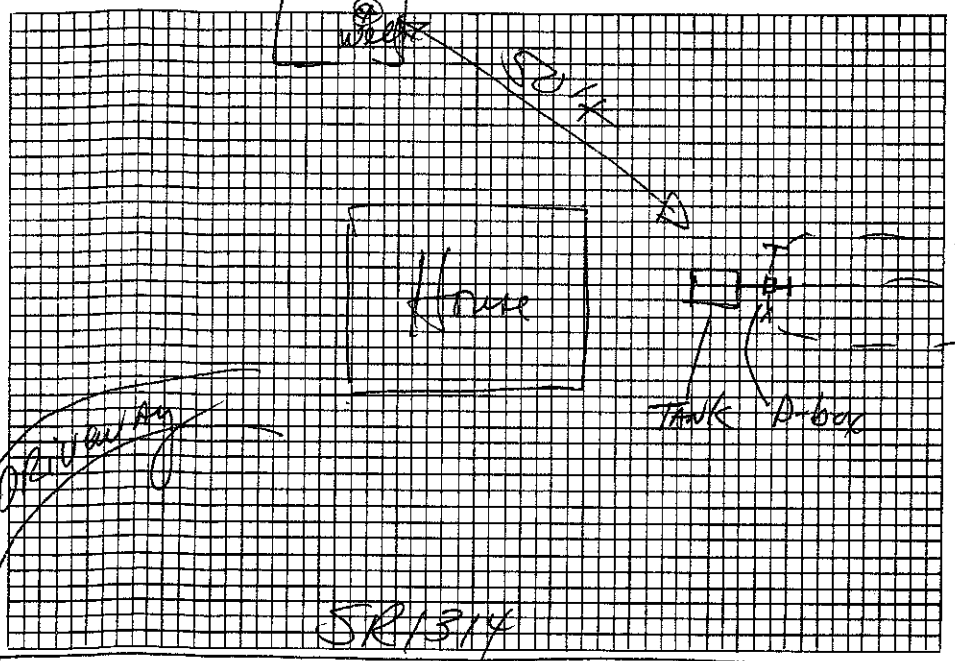
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 1	Character & Porosity of Soil	RS clay
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	4
Auto. Dishwasher	Yes (✓) No ( )	Topography	4%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	6'+
Site ~~Suitable~~ RS	Yes (✓) No ( )	Rock or other impervious formations	none obs.

Lot Area 48 Ac

_____ 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 12"

Water Supply: Individual (✓)

Public ( )

~~Installed~~ by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY AWS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 10-22-91

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