24984

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 Julia Austin Watts DATE 2-13-89 PERMIT NO. C-11

PHONE: Business _____ Home _____

LOCATION 415 East End Avenue
Behind Statesville Jussior High

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

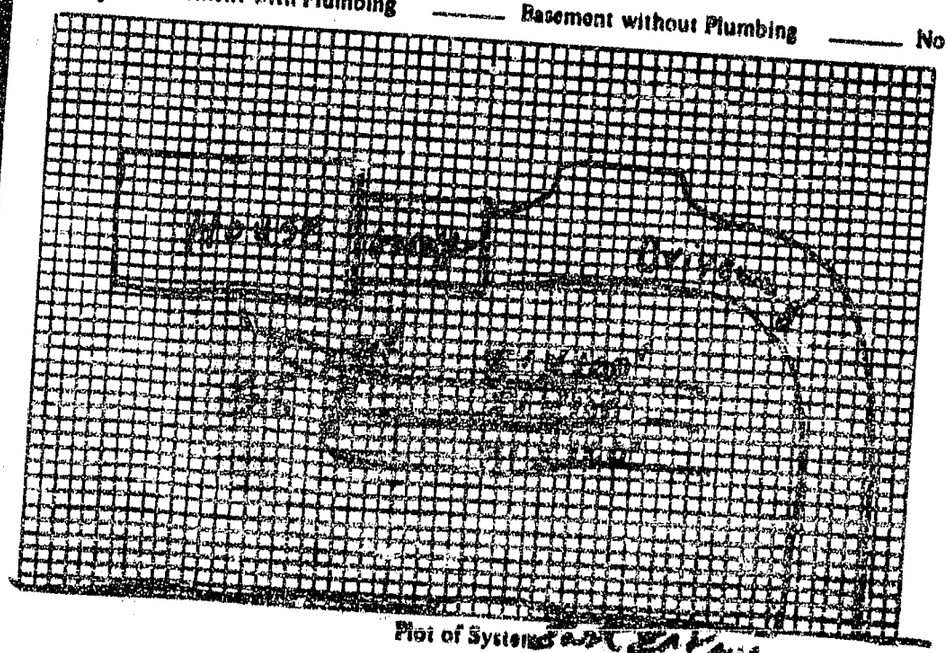
House ( ✓ ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ✓ ) No ( )
Auto. Dishwasher Yes ( ✓ ) No ( )
Auto. Wash. Machine Yes ( ✓ ) No ( )
Site Suitable Yes ( ✓ ) No ( )
Lot Area 3.148 acres

Character & Porosity of Soil Clayey
Percolation Rate 4
Topography Level to
Depth to Water Table 10'+
Rock or other impervious formations None

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement




Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( ✓ )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY J. C. Moore DATE 2-15-89

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