City of Statesville

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 Tri South DATE 10-20-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 732 Stonecrest

SUBDIVISION NAME Stonecrest S. R. No. _____

LOT NO. A-77 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 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 15

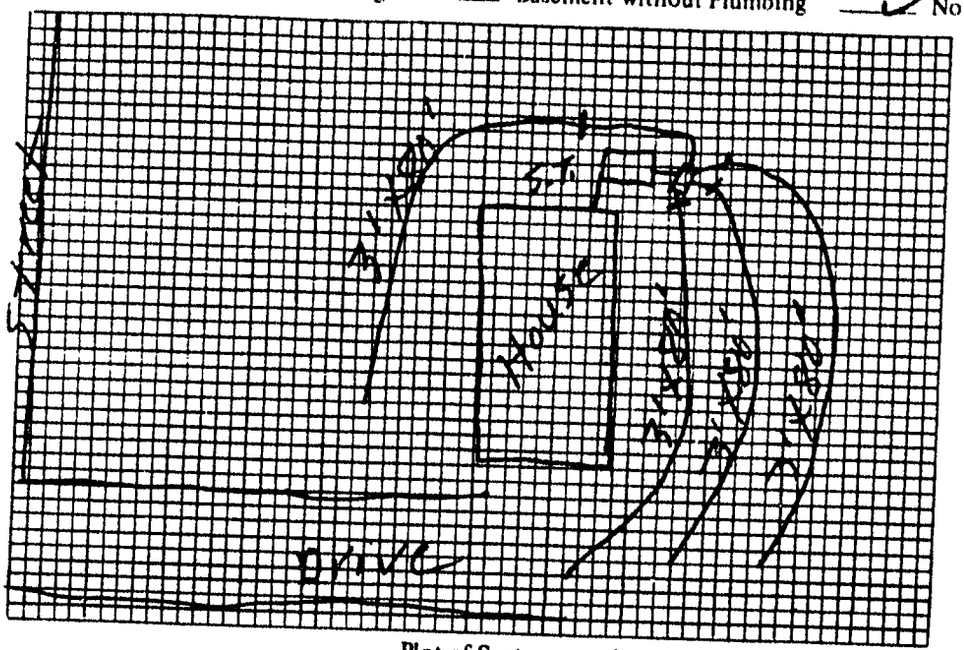
Topography 2 to 10%

Depth to Water Table 10'+

Rock or other impervious formations None

Lot Area 90 X 175

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Glenn Fox made original lay-out 5-15-86

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 320 Linear Ft. 960

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Tri South

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: lay-out Amended to bring up to Standard for 4 bedroom house.

CERTIFICATE OF COMPLETION BY P. C. Moore

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