9864

IREDELL COUNTY HEALTH DEPARTMENT

33522

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 10A-6-A-15

OWNER OR CONTRACTOR Alan Lewis DATE 2-2-90 PERMIT NO. B-11

PHONE: Business _____ Home _____

LOCATION Jane Sowers Rd

S. R. No. _____

SUBDIVISION NAME Meadowview LOT NO. 15 SECTION OR BLOCK NO. _____

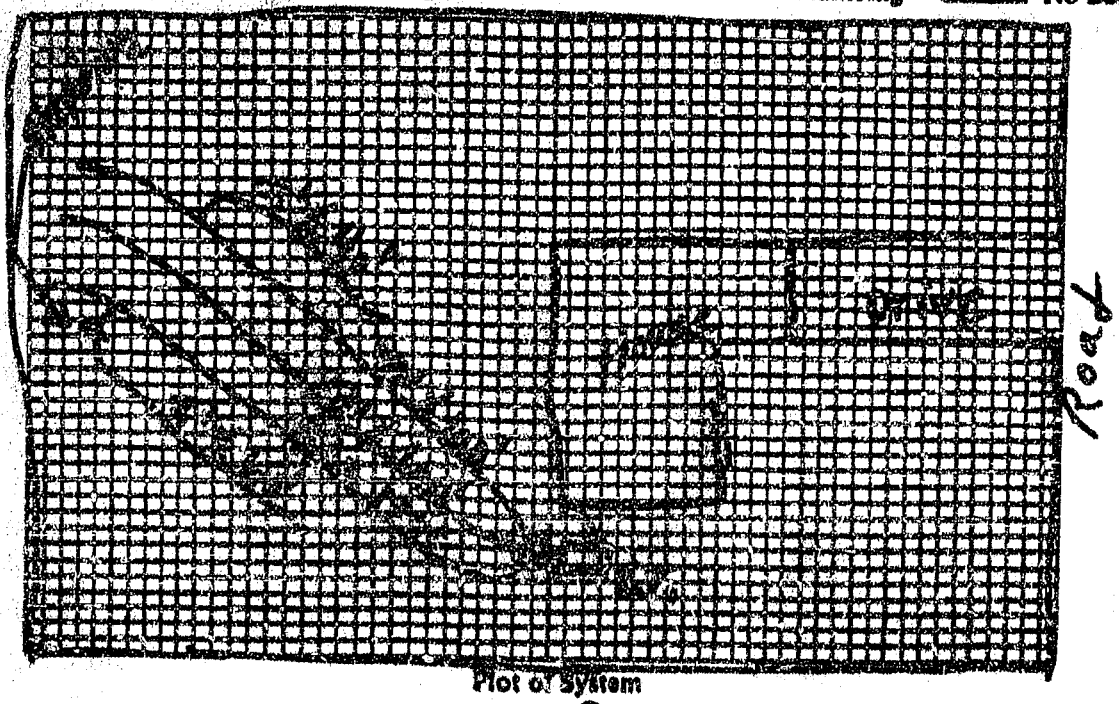
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1 3 Sec 5 5 10 Min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	None

Lot Area 15,000 SF+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Alan Lewis

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 2-2-90

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