8259

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 Alan Lewis DATE 10-25-88 PERMIT NO. B-11

PHONE: Business _____ Home _____

LOCATION Dellinger Dr.

S. R. No. _____

SUBDIVISION NAME meadowview LOT NO. 32 SECTION OR BLOCK NO. III

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

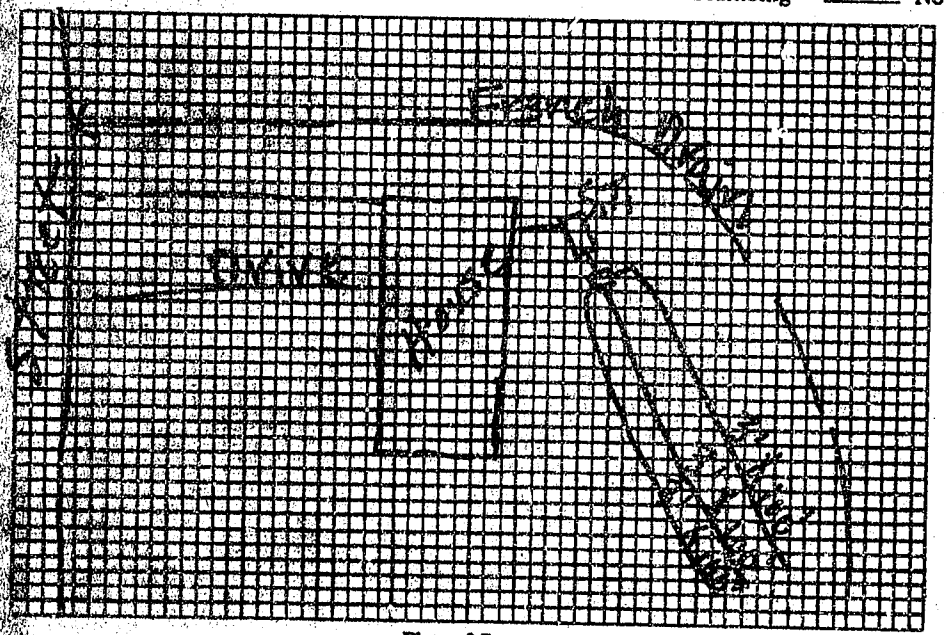
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1/2 acre

Character & Porosity of Soil Clayey
Percolation Rate .45 at 8"
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations nothing 36"

_____ 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 Tammy Fryc

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

Signed: _____

→ Alan Lewis installed French Drain

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 10-25-88

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