11366

IREDELL COUNTY HEALTH DEPARTMENT

36801

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

OWNER OR CONTRACTOR Victor Carter DATE 10-30-90 PERMIT NO. 1067-A-8

PHONE: Business _____ Home _____

LOCATION Jane Sawer TL Baymount 1/8 mi on left. S. R. No. _____

SUBDIVISION NAME Baymount LOT NO. 8 SECTION OR BLOCK NO. II

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

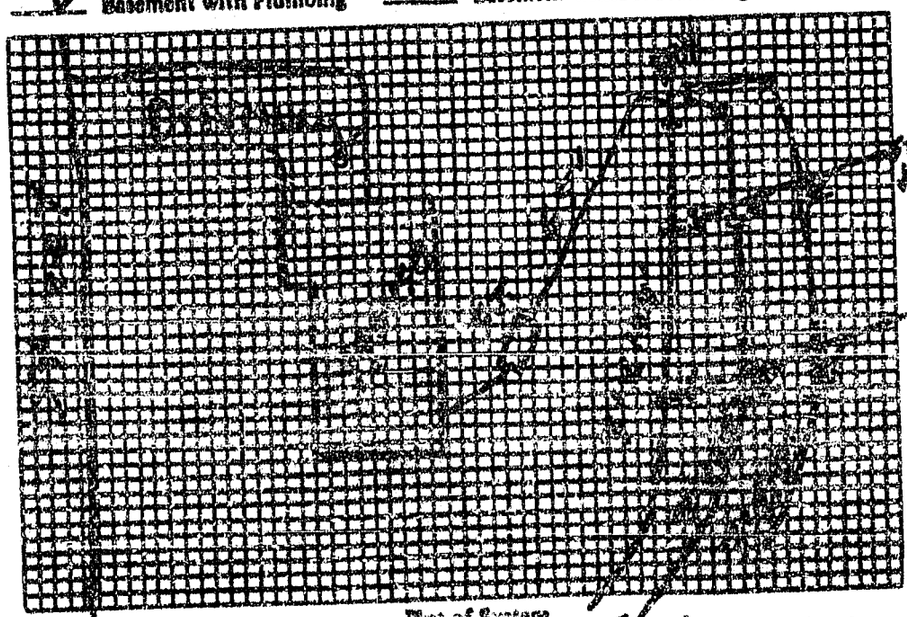
No. Bedrooms 4 No. Bathrooms 3

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 14
Topography Gtr 10%
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area 1.26 acres

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 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 Tommy Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: 110' P. line

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 10-30-90

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 Contractor's Copy: Pink Owner's Copy: Gold