00895

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: Mike Dowell DATE: 9-5-84 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION: Baymount Dr. 1/4 mi on Rt Past Club Enterance

SUBDIVISION NAME: Baymount S. R. No. ____

LOT NO. 20 SECTION OR BLOCK NO. B

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 ( )

Lot Area: .633 acres

Character & Porosity of Soil: Clay

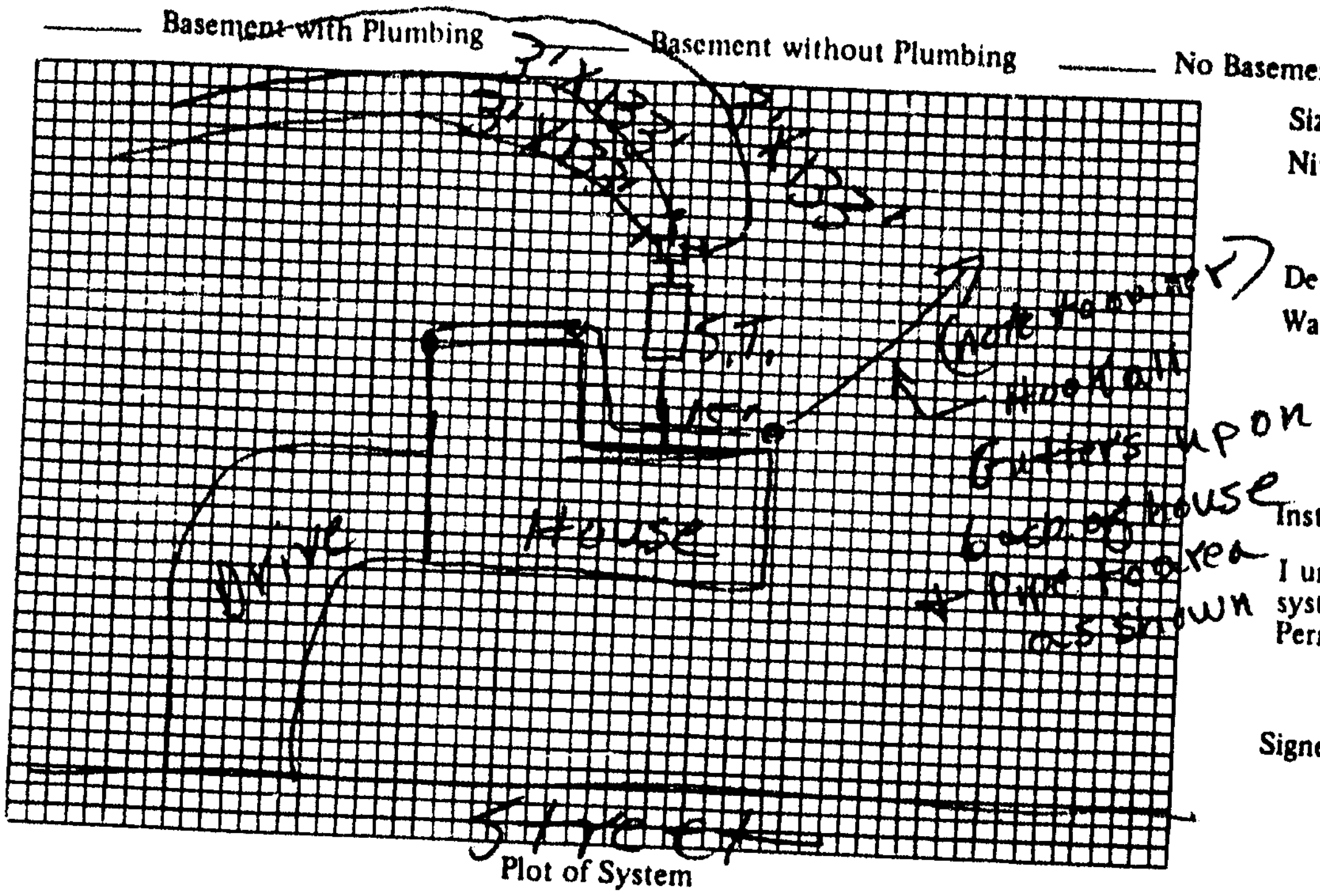
Percolation Rate: 14 gal / sq ft / day

Topography: 2 to 6%

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: 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: Paul Frye

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

Signed: ____

IMPROVEMENTS PERMIT BY: P. C. Moore

COMMENTS: ____

CERTIFICATE OF COMPLETION BY: P. C. Moore DATE: 9-5-84

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