08208

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 Bobby G. Davis DATE July 1, 1988 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR 2383 (Shinnville Rd) TR 2379 (Westhaven Creek Rd) 1.6 mile on Rt. 300'+ off road S. R. No. _____

SUBDIVISION NAME Davis Property LOT NO. 1 SECTION OR BLOCK NO. _____

D.W.

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

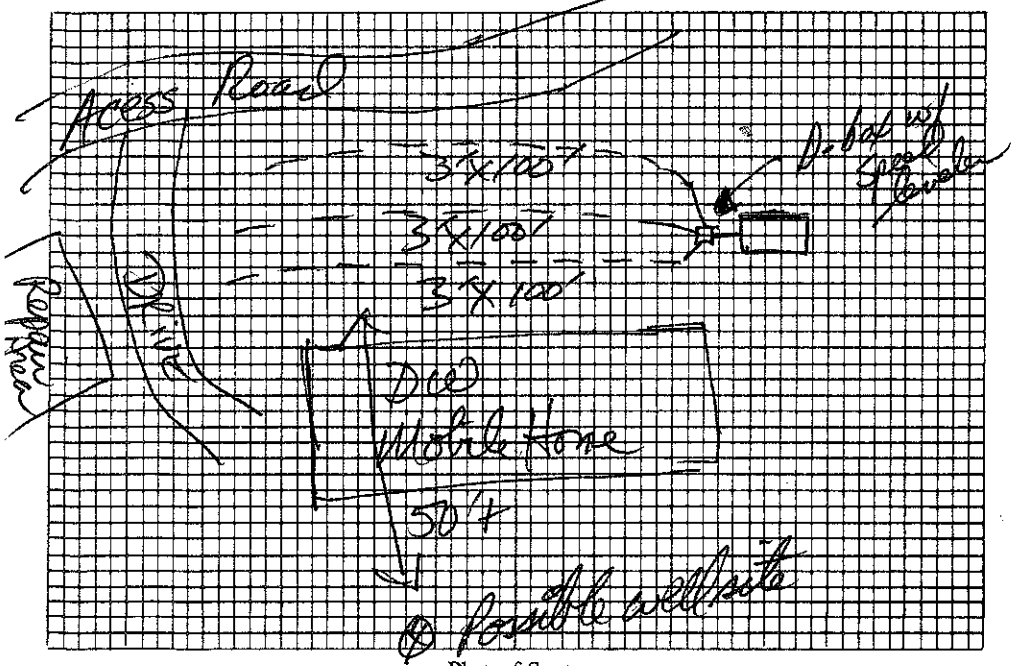
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 40
Topography 15%+
Depth to Water Table 4ft+
Rock or other impervious formations none obs.

Lot Area 20 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Last ditch installed very shallow (6" cover) and needs to be mounded over an additional 6"+. Changes in system as drawn on improvements permit must be approved prior to installing system. Well not down.

CERTIFICATE OF COMPLETION BY DR Hinson R.S. DATE 7-1-88

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