06939

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 Dave Armenti DATE 11-20-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 415 Glenn Eagle East

S. R. No. _____

SUBDIVISION NAME Shannon acres LOT NO. 191 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3 1/2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 acre

Character & Porosity of Soil Clayey

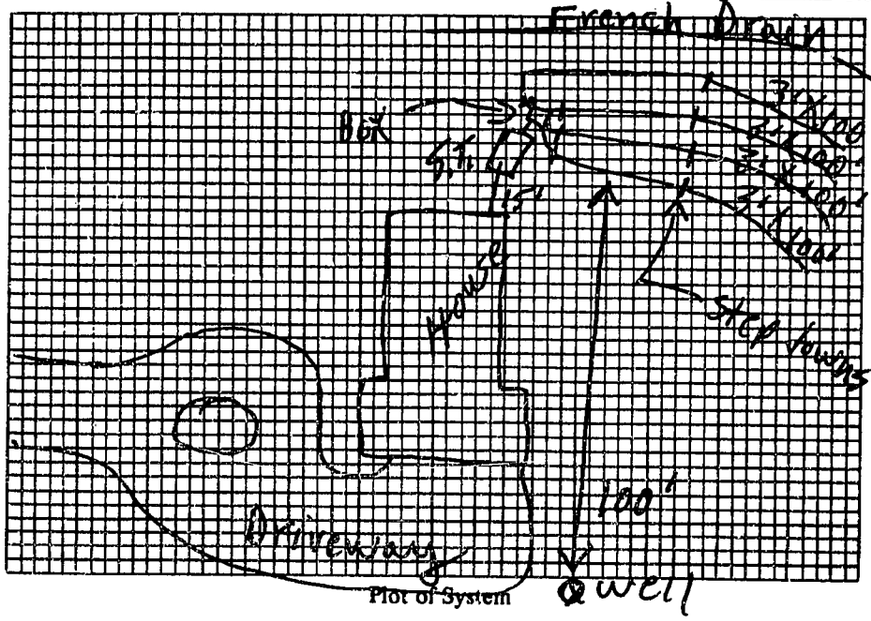
Percolation Rate 4

Topography 2 to 6%

Depth to Water Table 10ft

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 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by James Hunter

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

Signed: _____

IMPROVEMENTS PERMIT BY E. C. moore

COMMENTS: French Drain installed by owner.

CERTIFICATE OF COMPLETION BY E. C. moore DATE 11-20-84

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