7981

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 Tri-South DATE 9-13-88 PERMIT NO. B-15

PHONE: Business _____ Home _____

LOCATION Kaywood Dr. S. R. No. _____

SUBDIVISION NAME Bellwood LOT NO. 33 SECTION OR BLOCK NO. _____

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 2.66 acres

Character & Porosity of Soil Clayey / SS / Hard

Percolation Rate .2 gal / SS

Topography 6 to 15%

Depth to Water Table 10'+

Rock or other impervious formations Saprolite weathered rock 36"

___✓___ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 gal S.T. 1000 gal B.T. Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

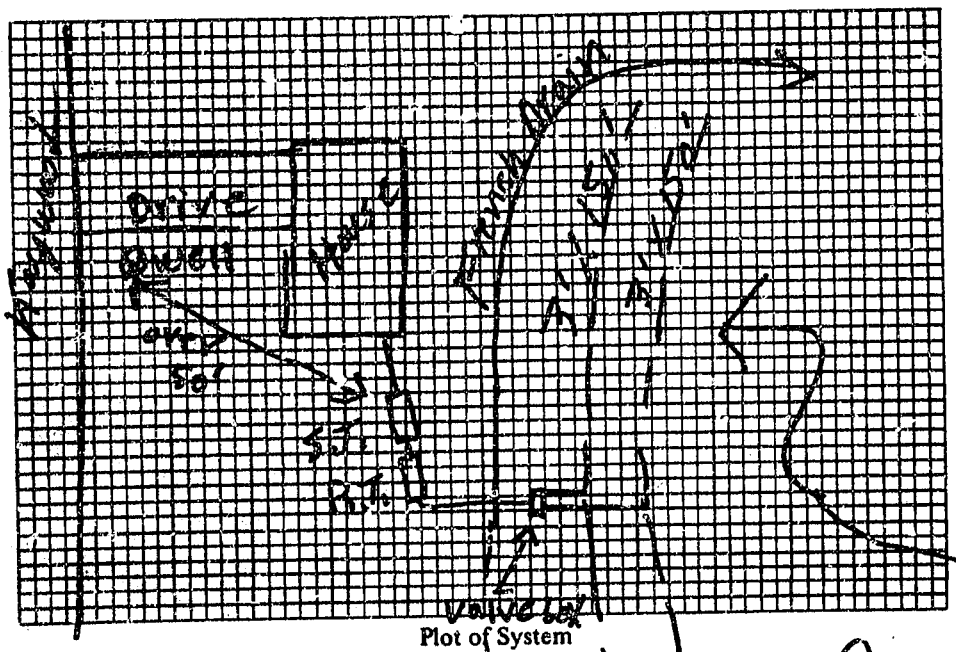
Public ( )

300' 16" T+J Panel Pressure fosset

Installed by Forest Shuford

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

Signed: _____



Plot of System

Sow area over Panels in grass & keep mowed.

IMPROVEMENTS PERMIT BY F. C. Moore

COMMENTS: reset valves annually.

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 9-13-88

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