11D.

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 HOWARD STEWART DATE 3-15-89 PERMIT NO. 11D.

PHONE: Business ______ Home ______

LOCATION Hwy 64 E - T.R. on Bell Rd - T.R. on Chantilley St. - 3rd house on left.

S. R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

House (✓) Mobile Home ( ) Business ( ) Other Repair.

No. Bedrooms ______ No. Bathrooms ______

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil clayey

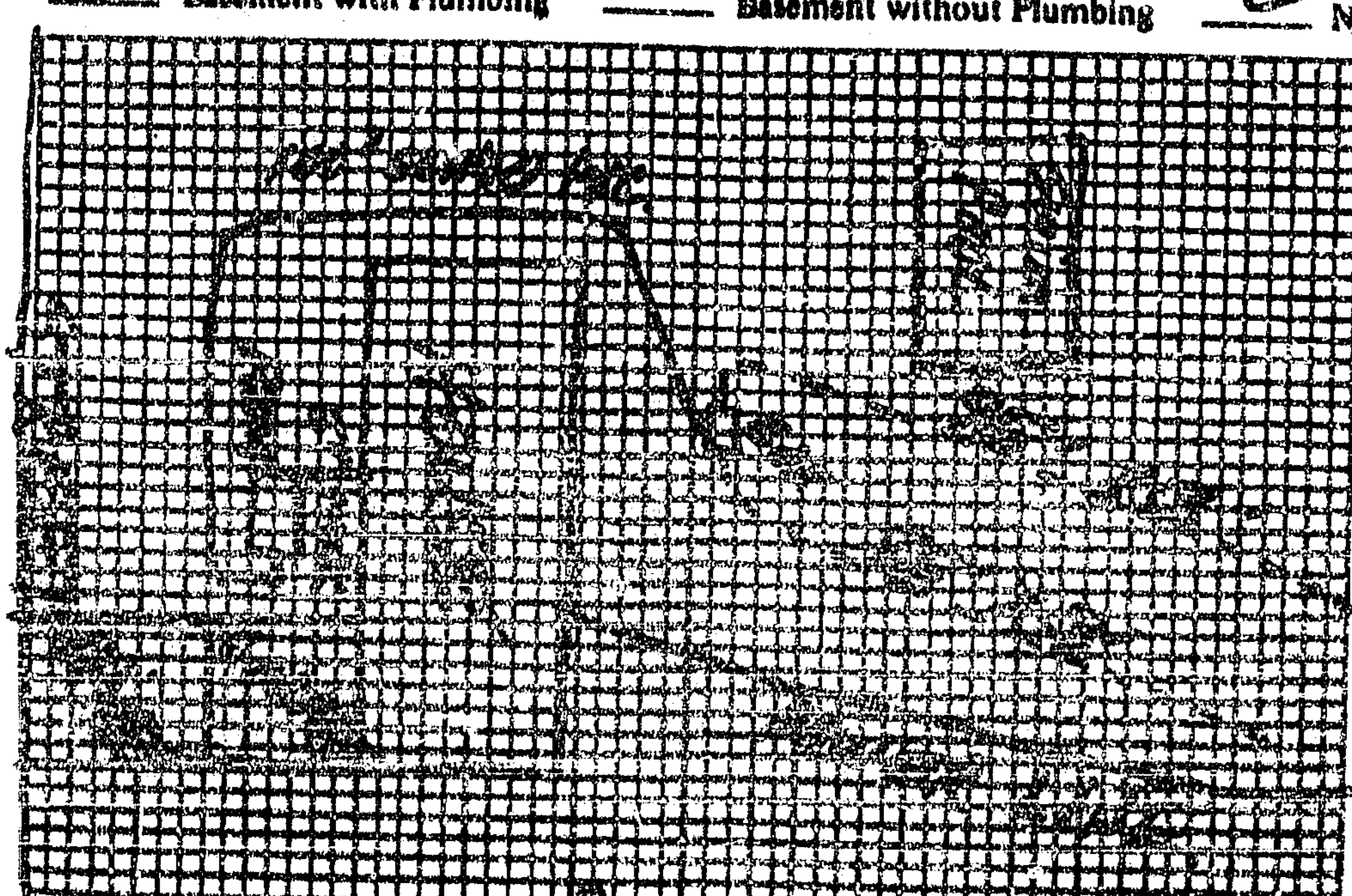
Percolation Rate [illegible]

Topography 2-6%

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 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 540 Linear Ft. 180

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Darrell Lackey

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

Signed: ______

IMPROVEMENTS PERMIT BY Jack Moore

COMMENTS: Old drain lines abandoned completely.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-15-89.

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