8189

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

0-11

OWNER OR CONTRACTOR Pete Scott DATE 9-28-88 PERMIT NO. [redacted]

PHONE: Business _____ Home _____

LOCATION 64 E. TL on Riverhill Rd TR on Oak Haven 1/4mi on Rt.

S. R. No. _____

SUBDIVISION NAME Country Woods LOT NO. 38 SECTION OR BLOCK NO. _____

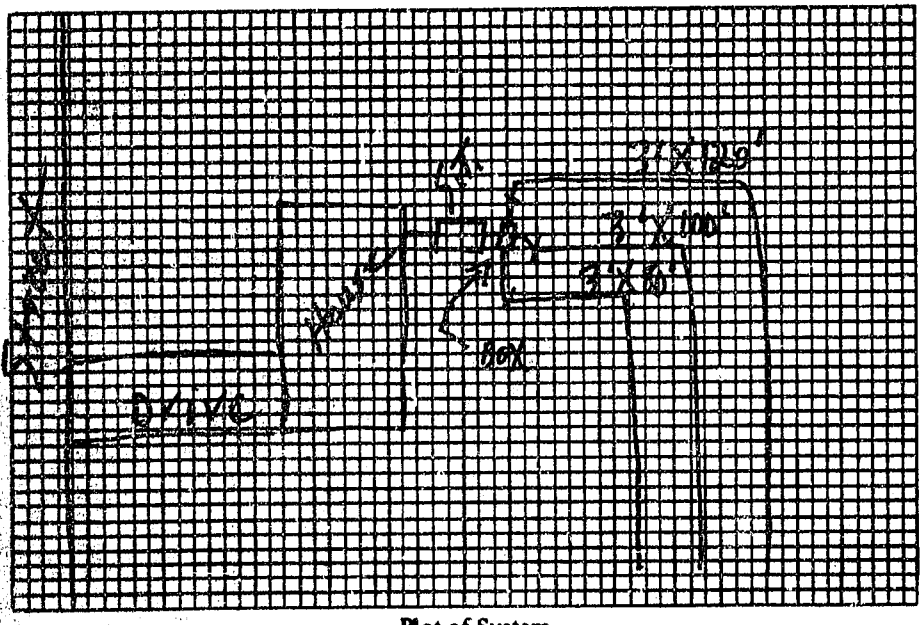
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clayey |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 4 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2 to 6% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10'+ |
| | | | Rock or other impervious formations | none |

Lot Area 100 X 200

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Eddie Yountz & Sons

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 9-28-88

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