4770382314

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 Thomas Calvin Stowell DATE 8-11-86 PERMIT NO. 448

PHONE: Business _____ Home _____

LOCATION 801 N R 2362 x Creek ~1.5 mi. on Rt. S. R. No. _____

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

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

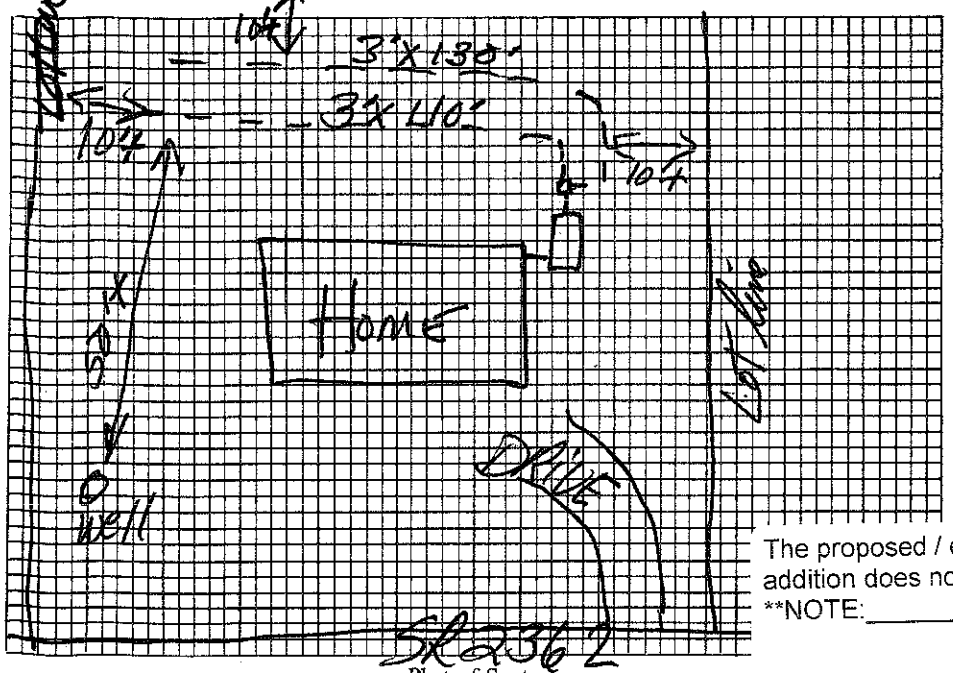
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 5
Topography 6-8% 4+
Depth to Water Table
Rock or other impervious formations none obs.

Lot Area 3.5 Ac.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Rowan Septic Tk.

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

The proposed / existing Acc. BUILDING addition does not appear to impact the existing septic system.
**NOTE: _____ R.S.
Date: 1-10-14
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY CKB

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 8-11-86

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