12342

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: Rosa Mills DATE: 2-1-91 PERMIT NO.: 11F-3-A-5

PHONE: Business ________ Home ________

LOCATION: 64E TL Riverhill Rd on rt before end

S. R. No. ________

SUBDIVISION NAME: Clover Downs LOT NO.: 5 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: 1.2 acres

Character & Porosity of Soil: Clayey

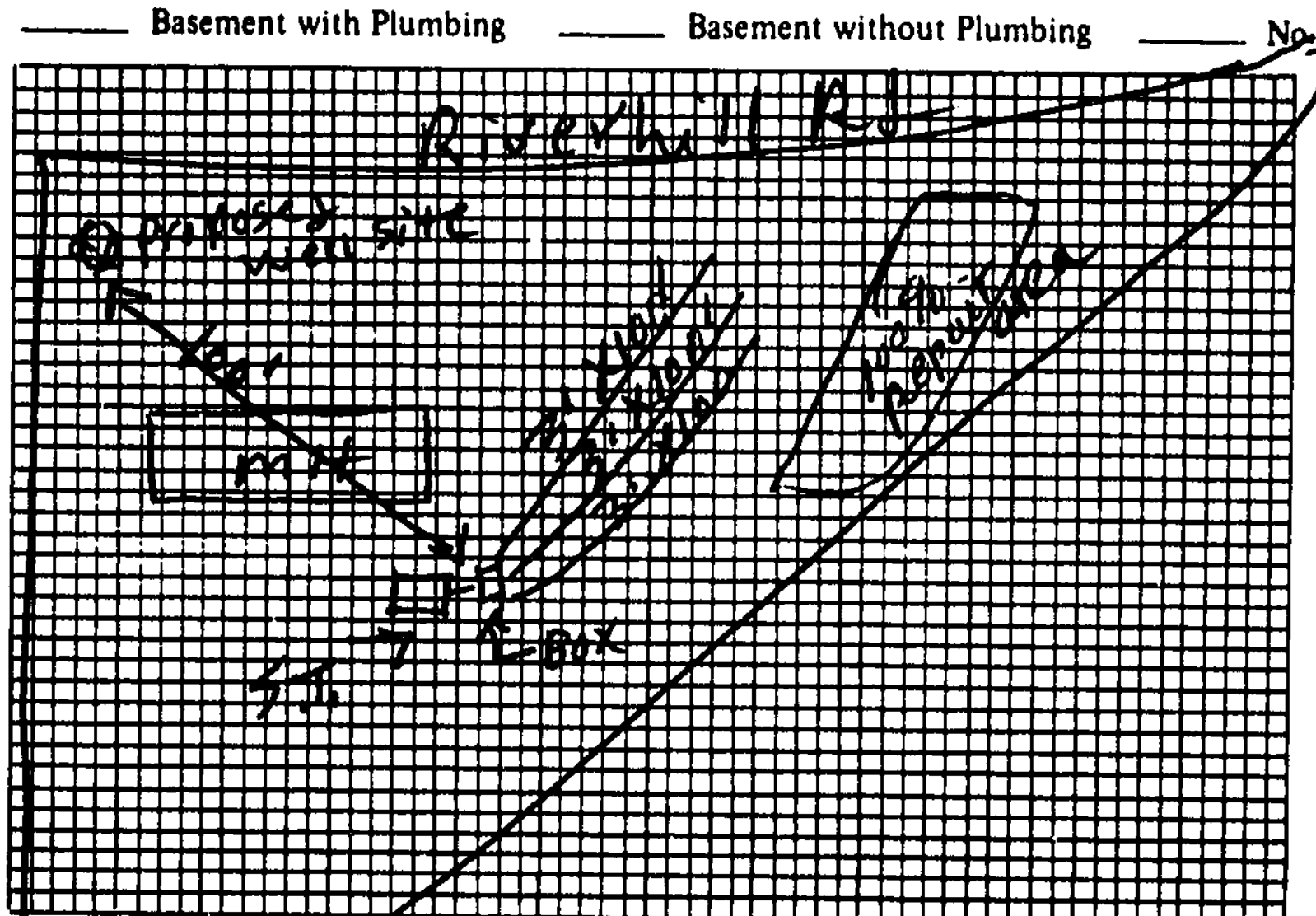
Percolation Rate: 14

Topography: 2 to 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: 3

No. of Lines: 3

Sq. Ft.: 900 Linear Ft.: 300

Depth of Stone in Lines: 12"

Water Supply: Individual (✓) Public ( )

Installed by: Donald Lackey

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

Signed: ________

IMPROVEMENTS PERMIT BY: L. C. Moore

COMMENTS: ________

CERTIFICATE OF COMPLETION BY: L. C. Moore DATE: 2-1-91

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