36579

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 1109 Fred Fitzwater DATE 2-25-90 PERMIT NO 450-1-52

PHONE: Business _____ Home _____

LOCATION 115 Mt. View & Lake Valley Left at town on left behind S. R. No. _____

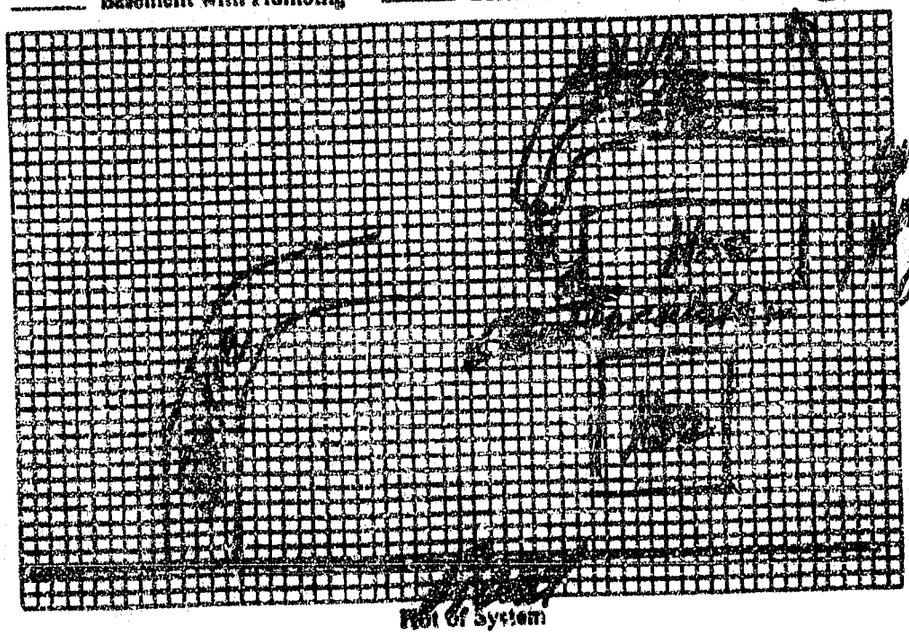
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 3	Character & Porosity of Soil	Pmw Suitable
Garbage Disposal Unit	Yes ( ) No ( )	Percolation Rate	2 Bpi
Auto. Dishwasher	Yes ( ) No ( )	Topography	Level
Auto. Wash. Machine	Yes ( ) No ( )	Depth to Water Table	72"
Site Suitable	Yes ( ) No ( )	Rock or other impervious formations	None

Lot Area 1.47

_____ Basement with Plumbing _____ Basement without Plumbing ( ) No Basement



Plot Of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 300

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by Leroy Pearson

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 2-26-90

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