IREDELL COUNTY HEALTH DEPARTMENT

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

12008

OWNER OR CONTRACTOR STEVEN N. BEAVIS DATE 11/19/90 PERMIT NO. 176-A-80

PHONE: Business _____ Home _____

LOCATION I-77 21N, TR POWELL, TL ROCKY FORD, TR ABBEYDALE, ON (L) ~ 1.2 MILES S. R. No. _____

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

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

No. Bedrooms 2 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 PS
Percolation Rate 4
Topography 4-6% LS
Depth to Water Table 54"
Rock or other impervious formations NONE

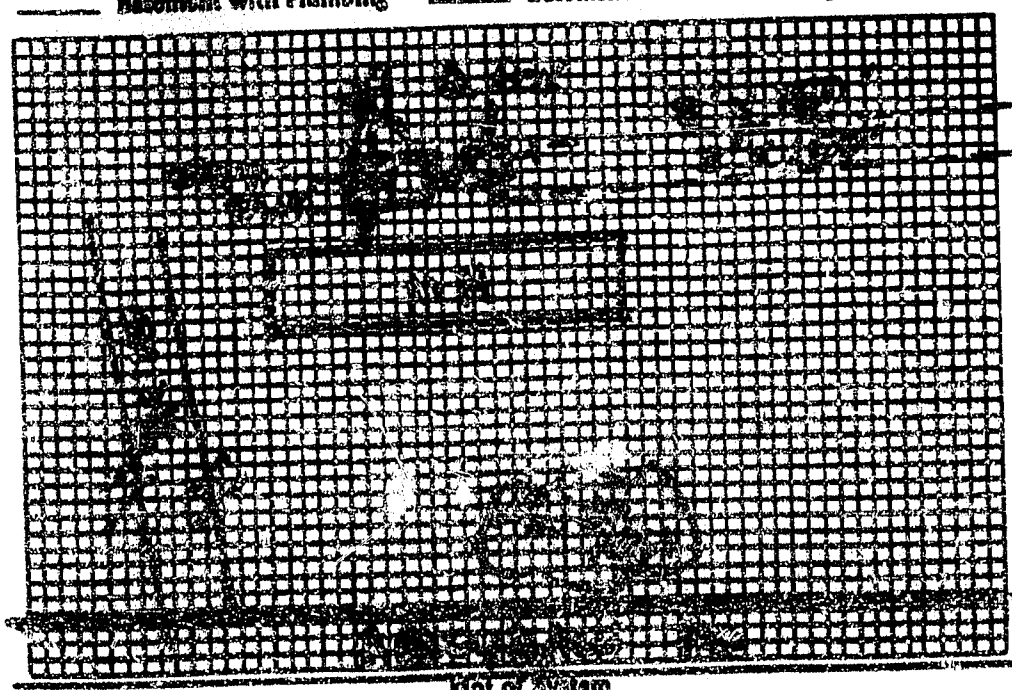
Lot Area 1.8 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

SST No DATE
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plat of System

Installed by ANDY JONES

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Hedrick

COMMENTS: KEEP WELL MINIMUM 50' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/19/90

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