IREDELL COUNTY HEALTH DEPARTMENT

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

9122

OWNER OR CONTRACTOR Lewis Jenkins DATE 12 2 88 PERMIT NO. 90

PHONE: Business ______ Home ______

LOCATION Old Mt Rd North of Bradfords X Rds TL small dirt drive 3/4 mi before Beasly Farm Rd go to end at chicken hse 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 ( )	

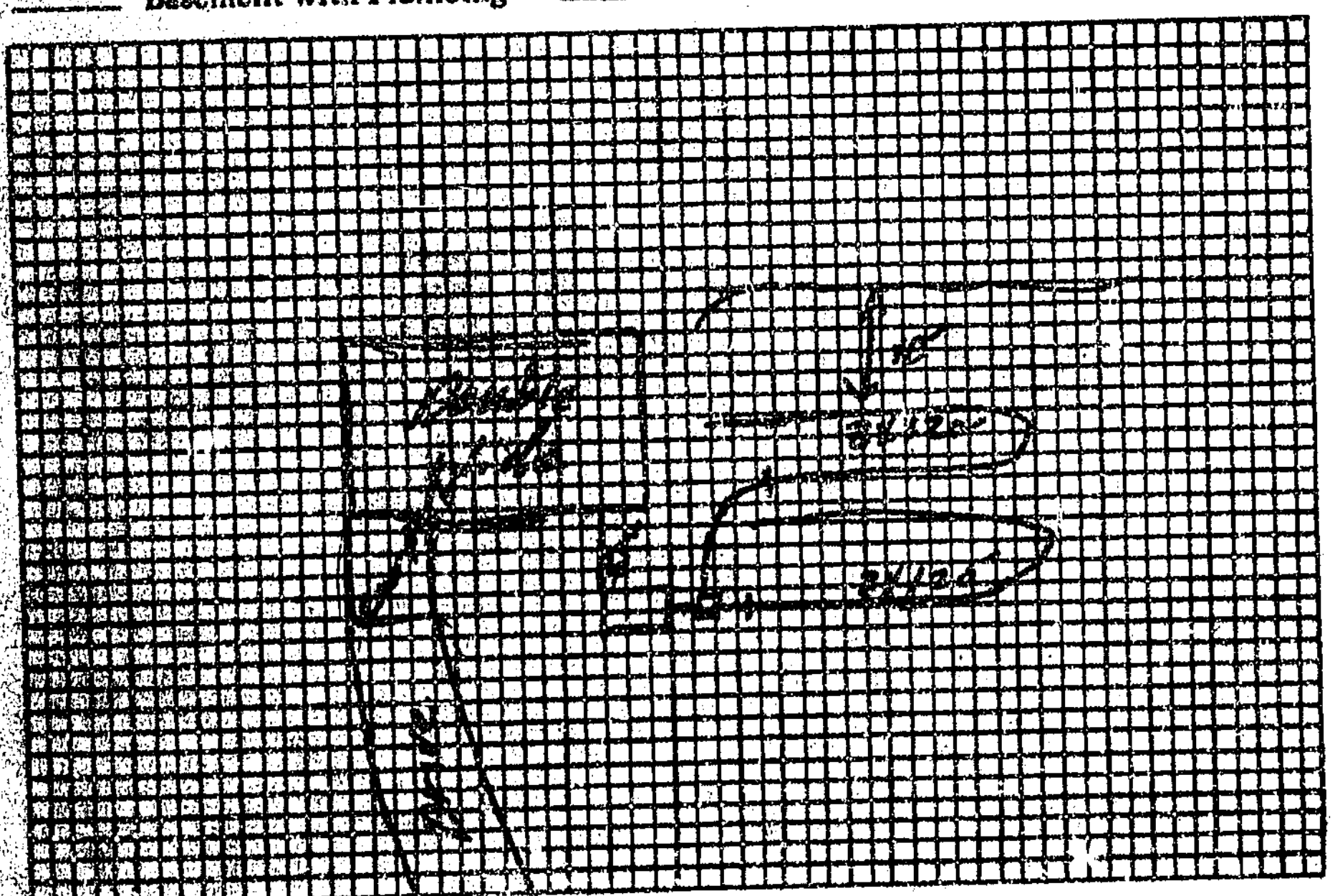
Character & Porosity of Soil prov suitable
Percolation Rate .5
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 21 ac

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

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 ( )



Plot of System

Installed by Tommy Cothren

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

Signed: ______

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Keep well 100' Away from system

CERTIFICATE OF COMPLETION BY [signature] DATE 12 2 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