2:00

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 ABJ Construction DATE 12-1-86 PERMIT NO. 472

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (Mckendree) TR W. Lakeview (1453)
2¼ mile on left (just after pavement ends) S. R. No. _____

SUBDIVISION NAME L. V. LOT NO. 234 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4 6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4+	
			Rock or other impervious formations	none obs.	

Lot Area 20000 ft²+

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals. 1000 gal pump tank w/o baffle

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

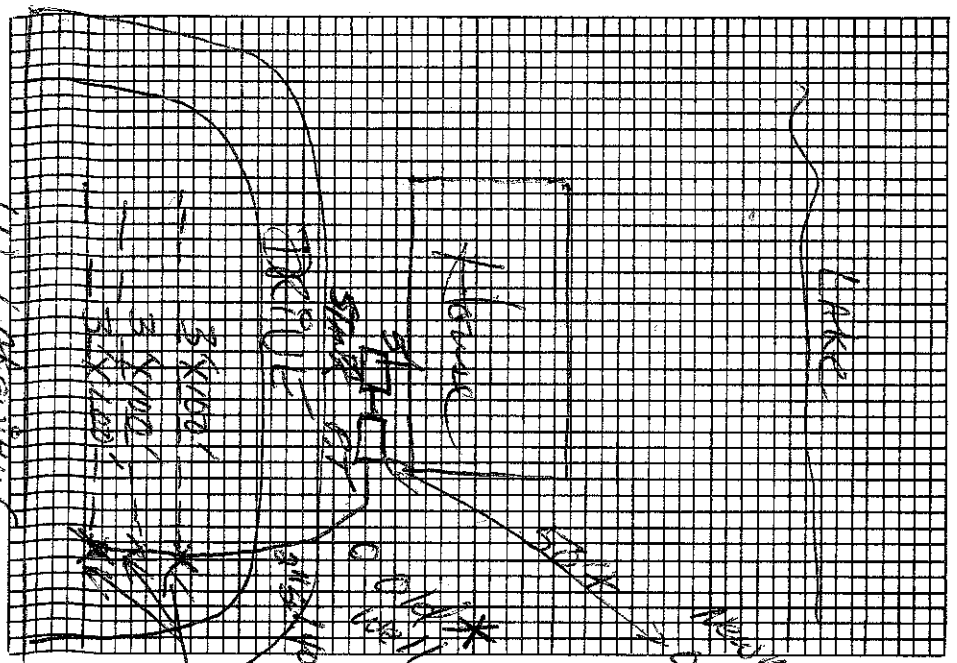
Water Supply: Individual (✓ (new)
Public ( )

* Abandon Existing well according to NRCD guidelines

Installed by _____

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

Signed: Ken R Fry
For ABJ



Plot of System

IMPROVEMENTS PERMIT BY Harold R. Hunter, RS.

COMMENTS: Pump dose conventional drainfield by using Ball Valves at head of each ditch and 1½" Sch 40 in each ditch w/ 2 holes drilled every 5 feet (5/16")
Check with H.D. before installing system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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