4625083932

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 SAM H. McMahon III DATE 10/11/88 PERMIT NO. 20B

PHONE: Business ________ Home 525-8280

LOCATION 1100 TR Chuckwood TL 1st BARBER LOOP
TL ARBORWAY (ROLLINGWOOD) NEAR END ON R. (SEE PLAT) S. R. No.

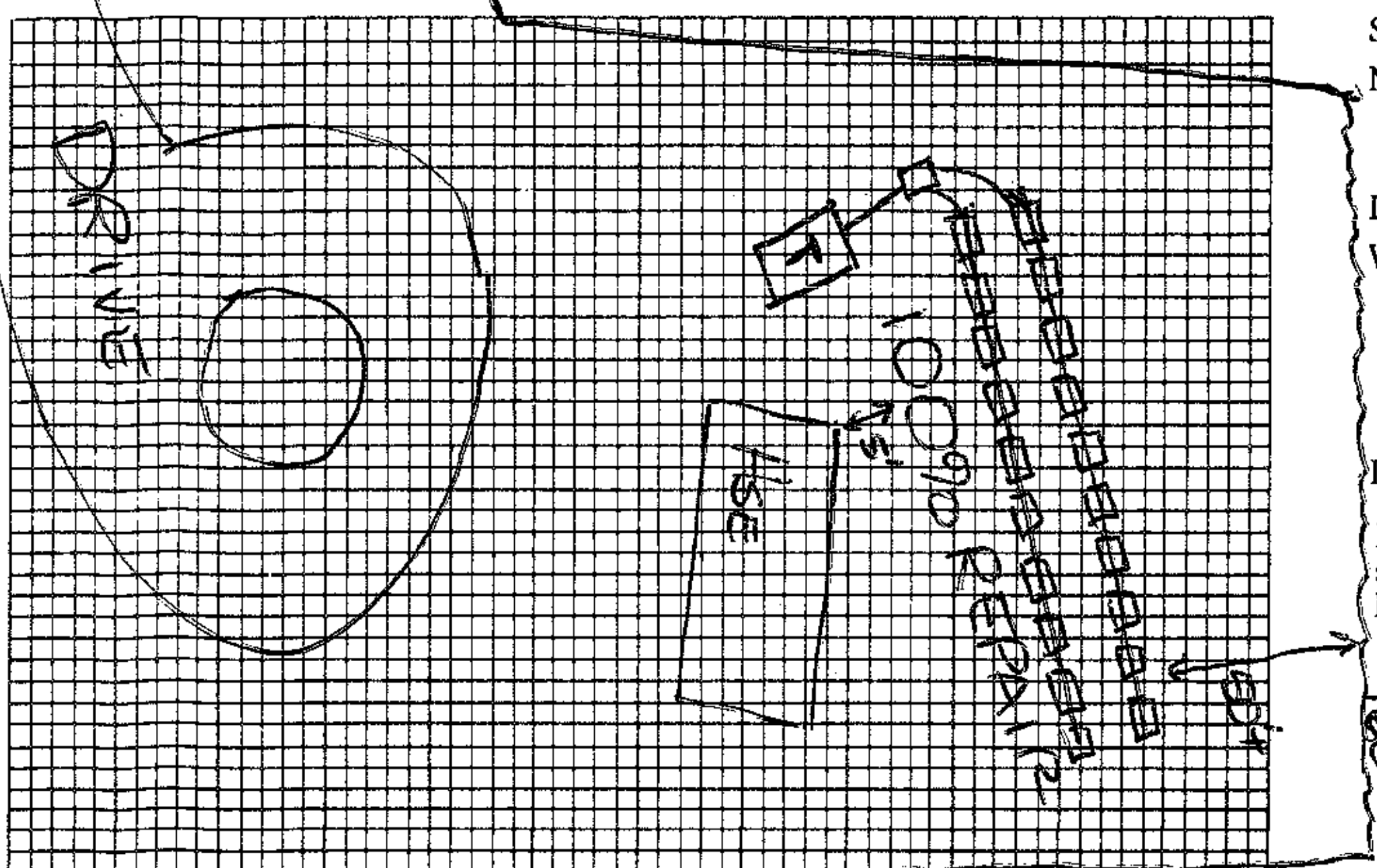
SUBDIVISION NAME CLT LOT NO. 128 SECTION OR BLOCK NO. 7
TAX# 2E-1-A-128

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

No. Bedrooms 4 No. Bathrooms 2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ________

Character & Porosity of Soil clayey
Percolation Rate ✓ .35 gpd/ft²
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none observed - Some scattered.

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines ________
Sq. Ft. ________ Linear Ft. 250' of
Depth of Stone in Lines T&J panels
Water Supply: Individual (✓) 16"
Public ( )

Installed by F.J. ERVIN

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

Signed: ________

Plot of System NOT TO SCALE

IMPROVEMENTS PERMIT BY a.C.P.

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 10/11/88

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