4626-22-5345

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 4626225345

OWNER OR CONTRACTOR Ron and Nancy Toney DATE 1/9/89 PERMIT NO. 208

PHONE: Business _____ Home 545-4005

LOCATION 1100 TR Chuckwood TR T ... Trail On left ~ 1 mile S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 1674 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2

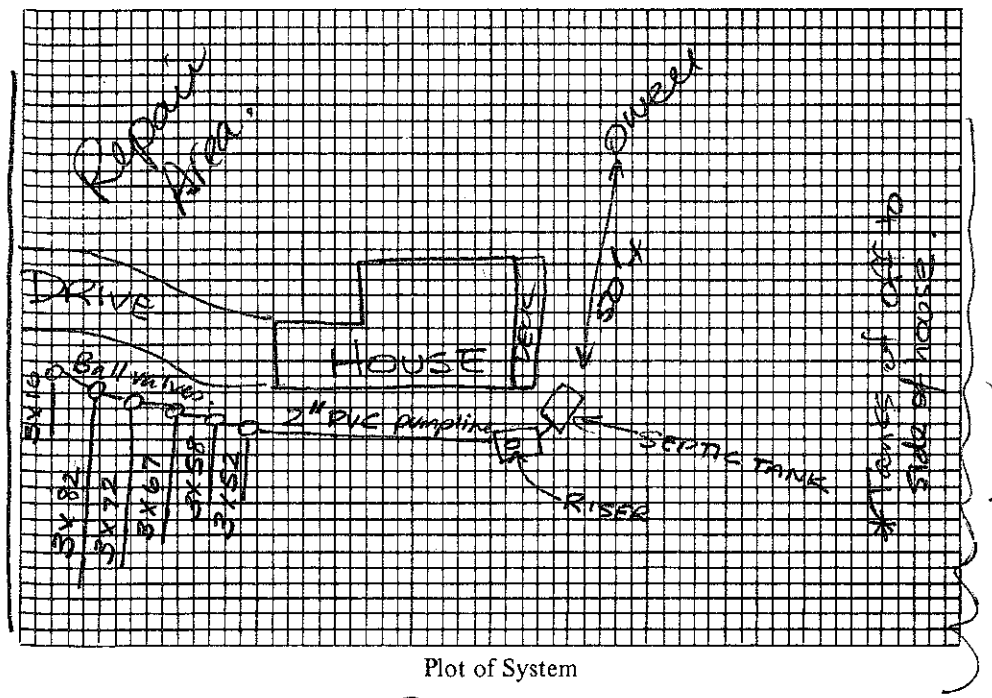
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate .35 gpd/ft²
Topography 6% - 10%
Depth to Water Table 41+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

PT 1250



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 1030 Linear Ft. 345
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by Mike P. Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Pina

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pina DATE 1/5/89

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