WELL - J -

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 Oscar M. Boyette DATE 10-31-83 PERMIT NO. 377

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 TR 1445 ~1.3 mi. on left

S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 125 SECTION OR BLOCK NO. 8

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

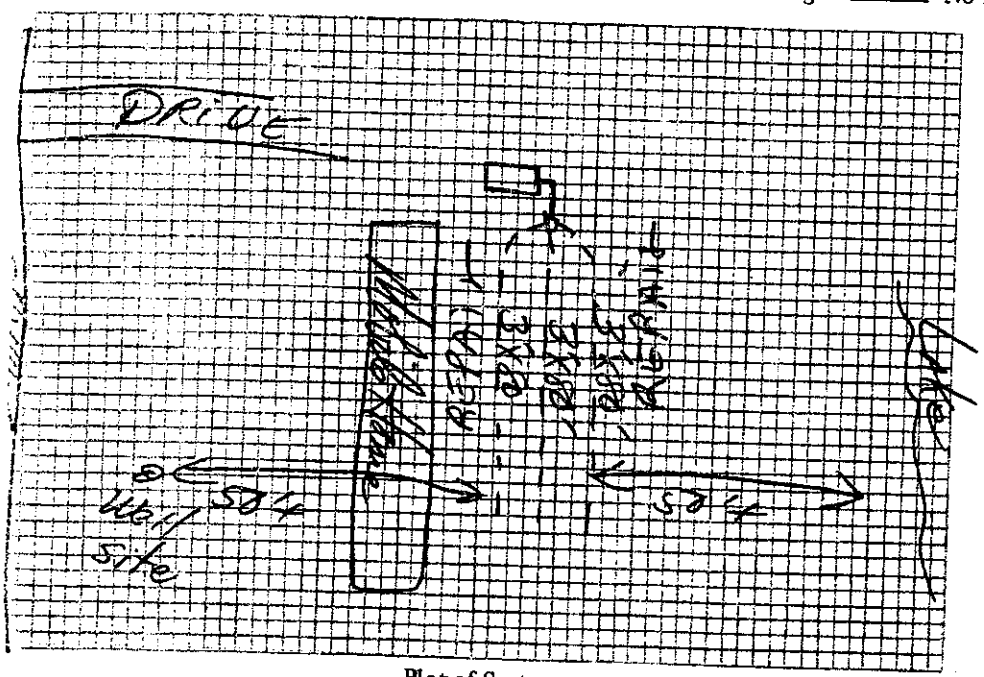
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 30000 ft

Character & Porosity of Soil clay loam
Percolation Rate .5 apparent
Topography 2-8%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plan of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 10-31-83

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

WHITE: Original