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 Paul S. Walters DATE 12-15-86 PERMIT NO. 632

PHONE: Business _____ Home _____

LOCATION 1100 - SR 1115 (McSondees) to SR 1445 (Kemp Rd.) 1.8 miles on left S. R. No. _____

SUBDIVISION NAME L.V. LOT NO. 1635 SECTION OR BLOCK NO. 8

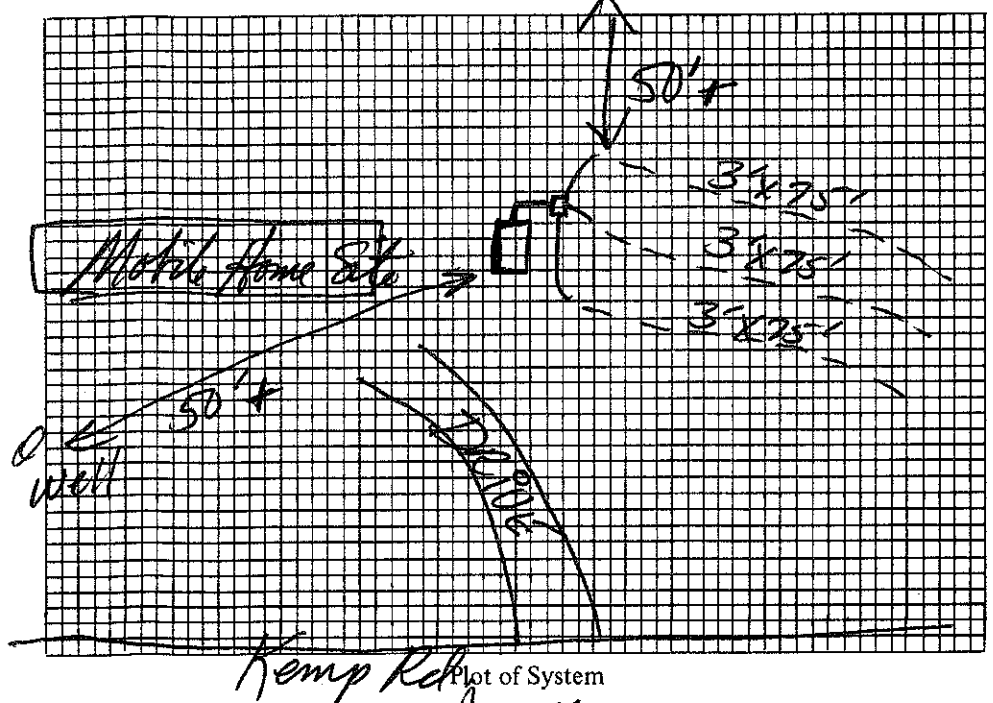
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1.1 Ac

Character & Porosity of Soil clay
Percolation Rate 35
Topography 4 to 4/F
Depth to Water Table 4/F
Rock or other impervious formations none obs.

Lake

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines ~16"
Water Supply: Individual ( )
Public ( )

Installed by OWNER

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12-15-86

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