10:30

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 Julian Smith DATE 11-13-85 PERMIT NO. 374

PHONE: Business ______ Home ______

LOCATION 1100 TR 1115 T L on Allen Kemp Rd (2Nd) T L go 1mile on your right S. R. No. ______

SUBDIVISION NAME L.N. LOT NO. 1634 SECTION OR BLOCK NO. ______

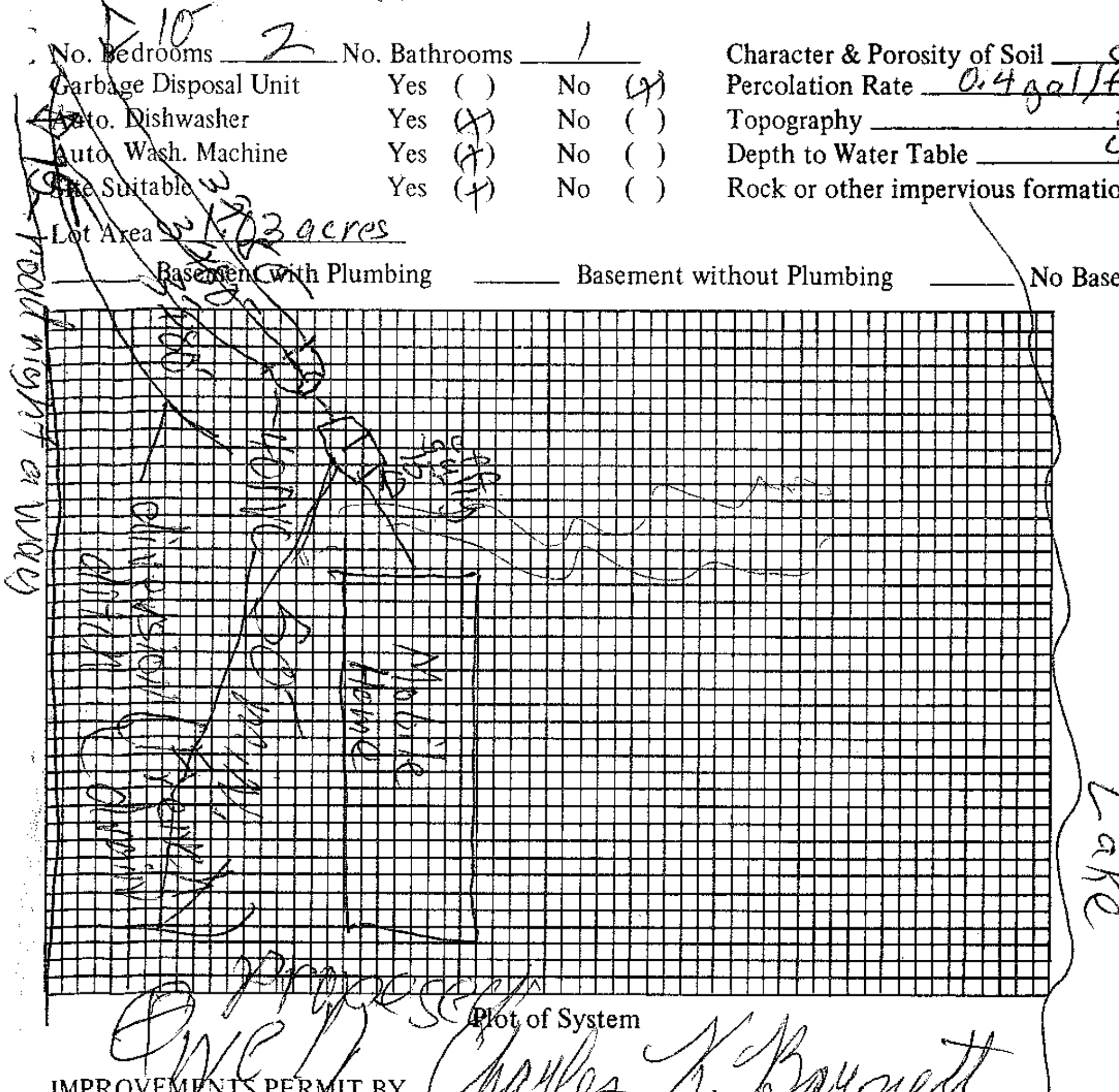
property line

House ( ) Mobile Home (X) Business ( ) Other ______

No. Bedrooms 2	No. Bathrooms 1		Character & Porosity of Soil	clay
Garbage Disposal Unit	Yes ( )	No (X)	Percolation Rate	0.4 gal/ft²/day
Auto. Dishwasher	Yes (X)	No ( )	Topography	2-8%
Auto. Wash. Machine	Yes (X)	No ( )	Depth to Water Table	4'
Site Suitable	Yes (X)	No ( )	Rock or other impervious formations	none obs

Lot Area 1.73 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by ______

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

Signed: X [signature]

Plot of System

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: keep system shallow and follow contours put french drain to divert subsurface water.

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