07242

12:00

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 Robert Harrell DATE 8-19-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR Chuckwood TR Indian Trail Last lot on Left

SUBDIVISION NAME _____ LOT NO. 18 SECTION OR BLOCK NO. 7

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

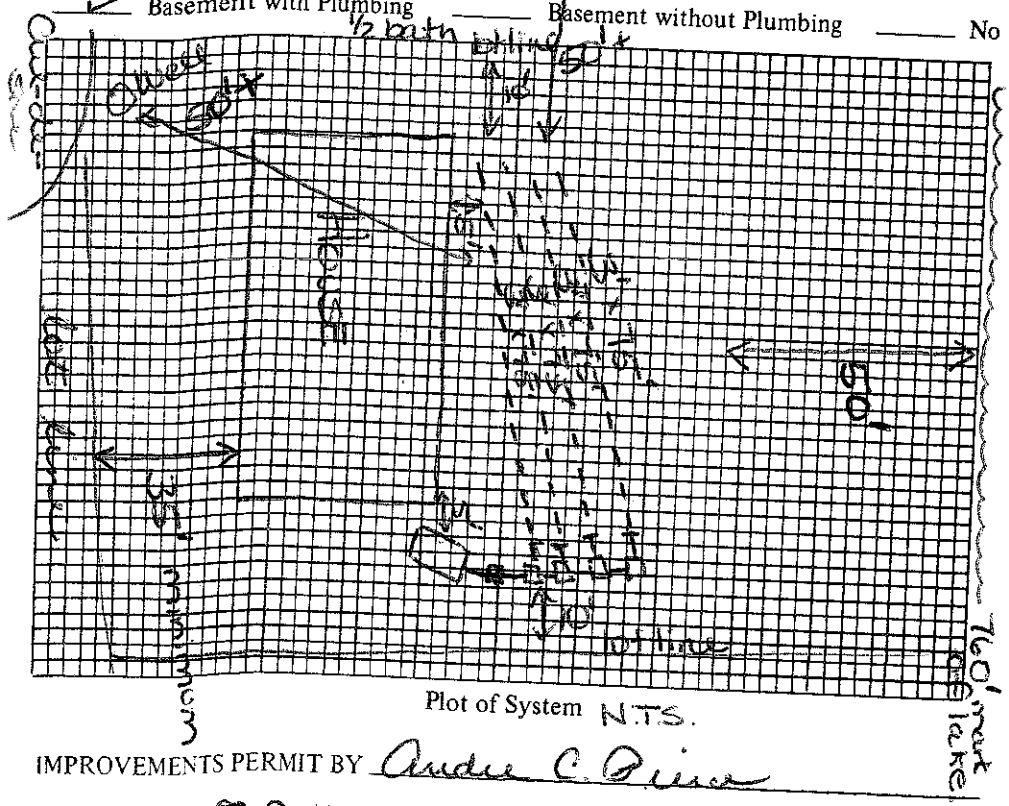
No. Bedrooms 3 No. Bathrooms 2½

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 ~ 4 gpd/ft2
Topography 6-15%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area .5 ACRE

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System N.T.S.

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: @ Pull out plumbing high. Install drop boxes with lines along contour. Keep drain lines SHALLOW (24"-30")

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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