IREDELL COUNTY HEALTH DEPARTMENT 4626-36-7079

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lawrence Correll DATE July 14, 1988 PERMIT NO. _____

PHONE: Business _____ Home 875-5099

LOCATION 1100 TR1115 TL1445 (Kemp) 1/4mile on left.

S. R. No. _____

SUBDIVISION NAME CLandT LOT NO. 1640 SECTION OR BLOCK NO. 8

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

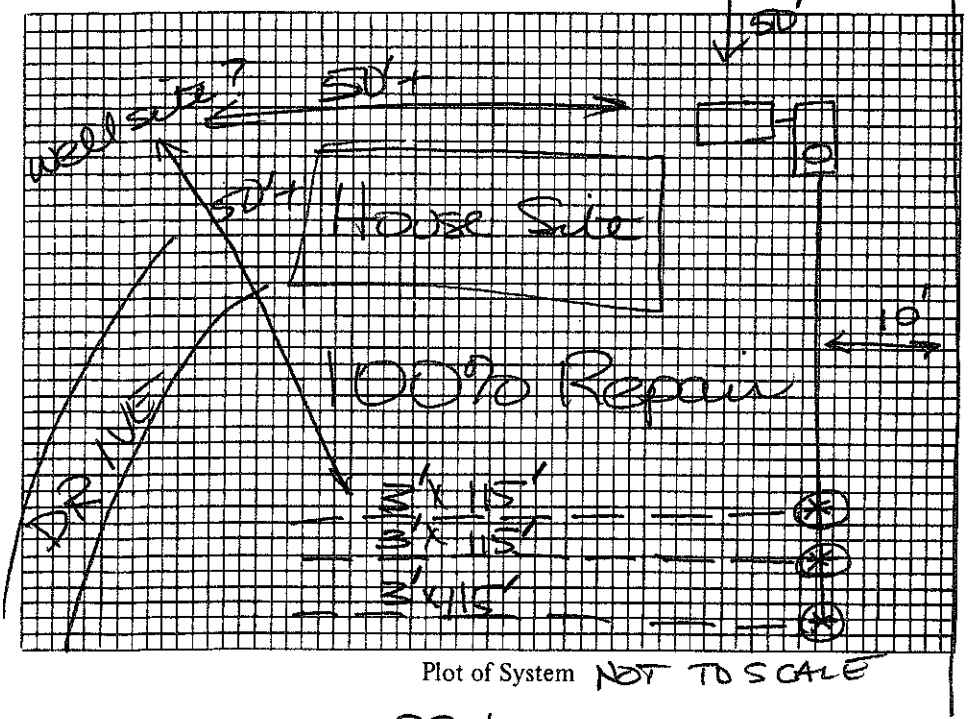
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 35
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none

Lot Area _____ Rake

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

1250gal pump tank

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual ~~(✓)~~
Public ( )

Line

Installed by E.J. ERVIN.

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

Signed: _____

IMPROVEMENTS PERMIT BY DRG

COMMENTS: Alarm should be received from installer and mounted in structure.

CERTIFICATE OF COMPLETION BY Andrew C. Green DATE July 14, 1988

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