4626413616

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 Charcut DATE 5-25-84 PERMIT NO. 148

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 ½ mile on R

S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 86 SECTION OR BLOCK NO. _____

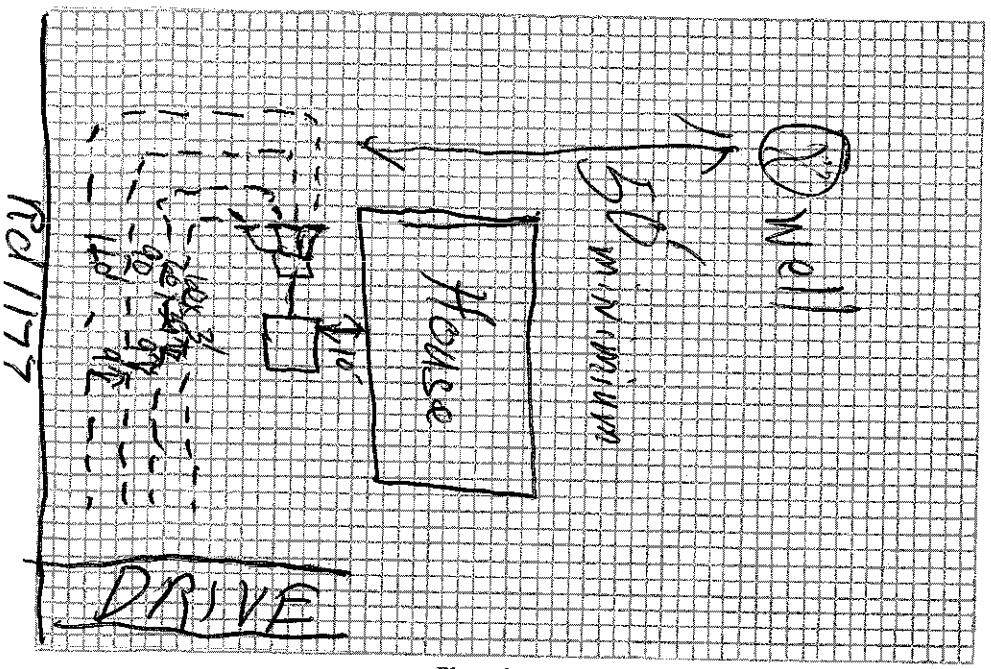
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft²

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 2-6%
Depth to Water Table 4'
Rock or other impervious formations NONE observed



Plot of System

Size of Tank ~~1000~~ 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. ~~250~~ 960 Linear Ft. ~~320~~ 250
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J.R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-25-84

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