IREDELL COUNTY HEALTH DEPARTMENT 4626-55-4603

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

OWNER OR CONTRACTOR Bob Doster DATE 1/31/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TL 1445 (Kemp Rd.) TL 1257 (Agnew) ~½ mile on R. S. R. No. _____

SUBDIVISION NAME C L & T LOT NO. 1650 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

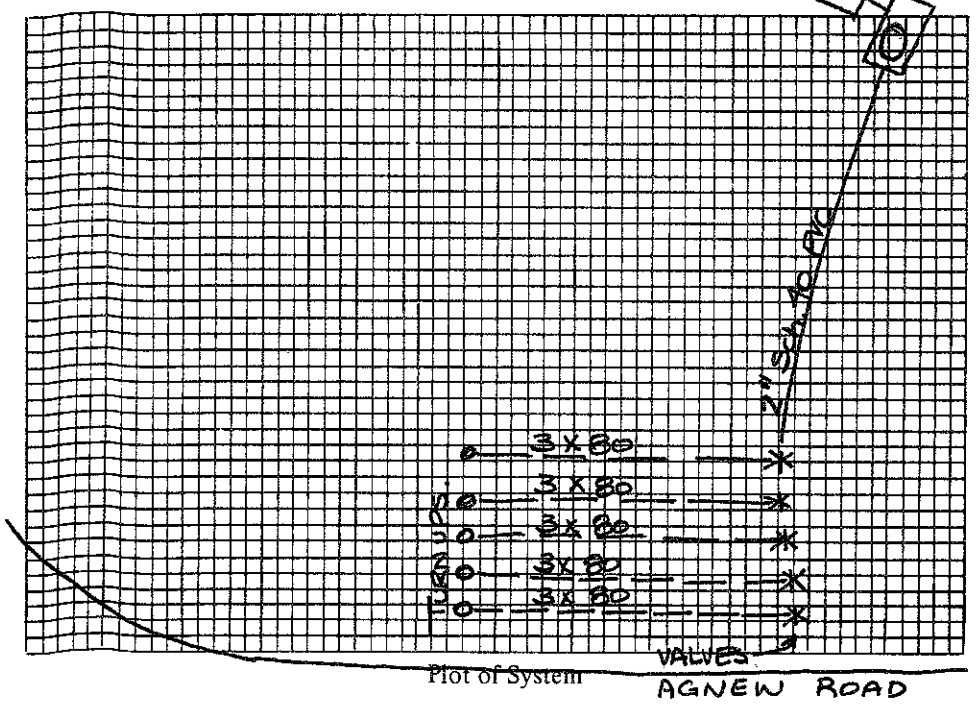
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay
Percolation Rate ~.3
Topography 8-15%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Pump tank: 1250 gal.



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1200 Linear Ft. 400
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 _____

COMMENTS: 6/3 – Cked lines and tanks. 6/06 – Cked pump.

CERTIFICATE OF COMPLETION BY Andrea C. Pierce DATE 1/31/89

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