4626-78-1862

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 Allen St Clair DATE 10/14/88 PERMIT NO. 208

PHONE: Business _____ Home _____

LOCATION 1100 TR BEECH TREE TR KINGS X ROADS TL 1st GRAVEL RD. AT END ON LEFT S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 1567 SECTION OR BLOCK NO. 8

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

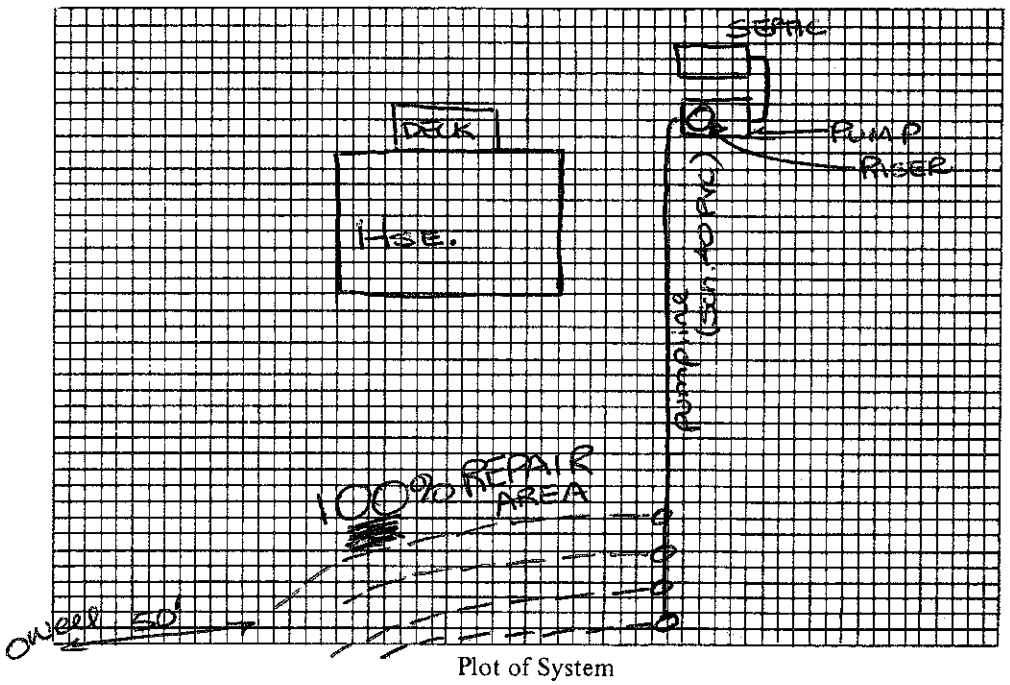
No. Bedrooms 3 No. Bathrooms 3
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay
Percolation Rate ~.3
Topography 6-8% @ drainfield
Depth to Water Table 4'+ LAKE
Rock or other impervious formations None obs.

Lot Area ~1 ACRE

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

P. Tank: 1000 gals



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200' of 16"
Depth of Stone in Lines T and J panels
Water Supply: Individual (✓)
Public ( )

Installed by BENCHMARK GRADING.

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH, R.S.

COMMENTS: Alarm cked. but is not installed (mounted) in house.

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE Oct. 14, 88

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