10:30

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 Steve Abernathy DATE 3-20-85 PERMIT NO. 84 91

PHONE: Business ______ Home ______

LOCATION 1100 TR 1178 TR 1234 TR 1235
1st on R ______ S. R. No. ______

SUBDIVISION NAME Crescent Land Timber LOT NO. 1562 SECTION OR BLOCK NO. ______
(PART of map 518 C)

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

No. Bedrooms 3 No. Bathrooms 3

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

X Basement with Plumbing ______ Basement without Plumbing ______ No Basement

Character & Porosity of Soil Clay – Silty P.M.

Percolation Rate 0.3 gal/ft²/day

Topography 10-15%

Depth to Water Table 4'

Rock or other impervious formations NONE OBS.

6" Interceptor Drain

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400

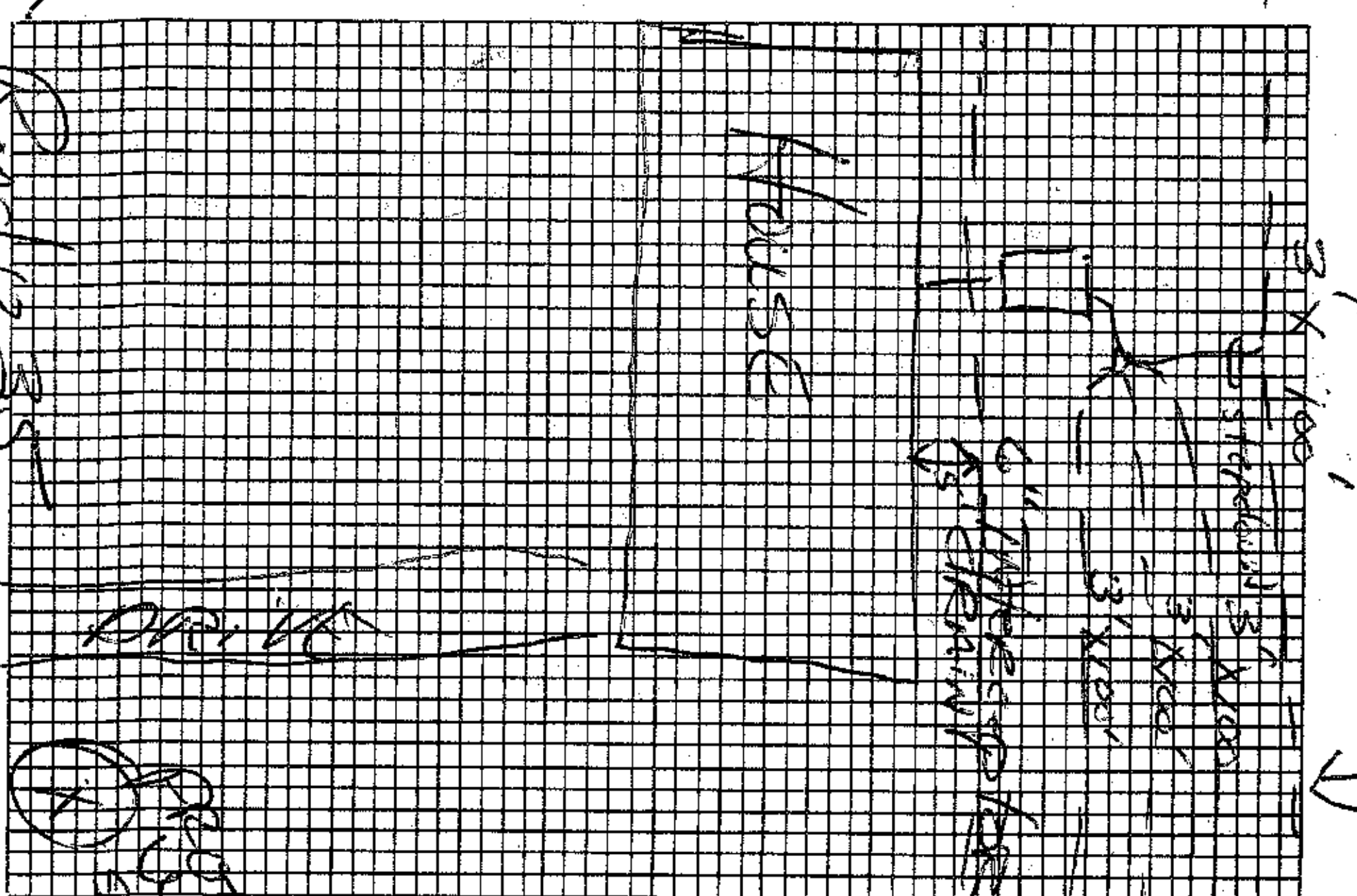
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by ______

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

Signed: *Steve D. Abernathy



Plot of System

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow pipe off gutter drains; Keep at least 5' from edge of Nitrification field w/ interceptor drain

CERTIFICATE OF COMPLETION BY ______ DATE ______

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