2:00 ~~H~~
Tuesday

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 Brenda Lewis DATE 9-30-86 PERMIT NO. 411

PHONE: Business ______ Home ______

LOCATION 1100 TR 1115 TR 1455 TL Abbott TR 1455 ~1/2-3/4 mi. on left S. R. No. ______

SUBDIVISION NAME L.N. LOT NO. 1619 SECTION OR BLOCK NO. 8

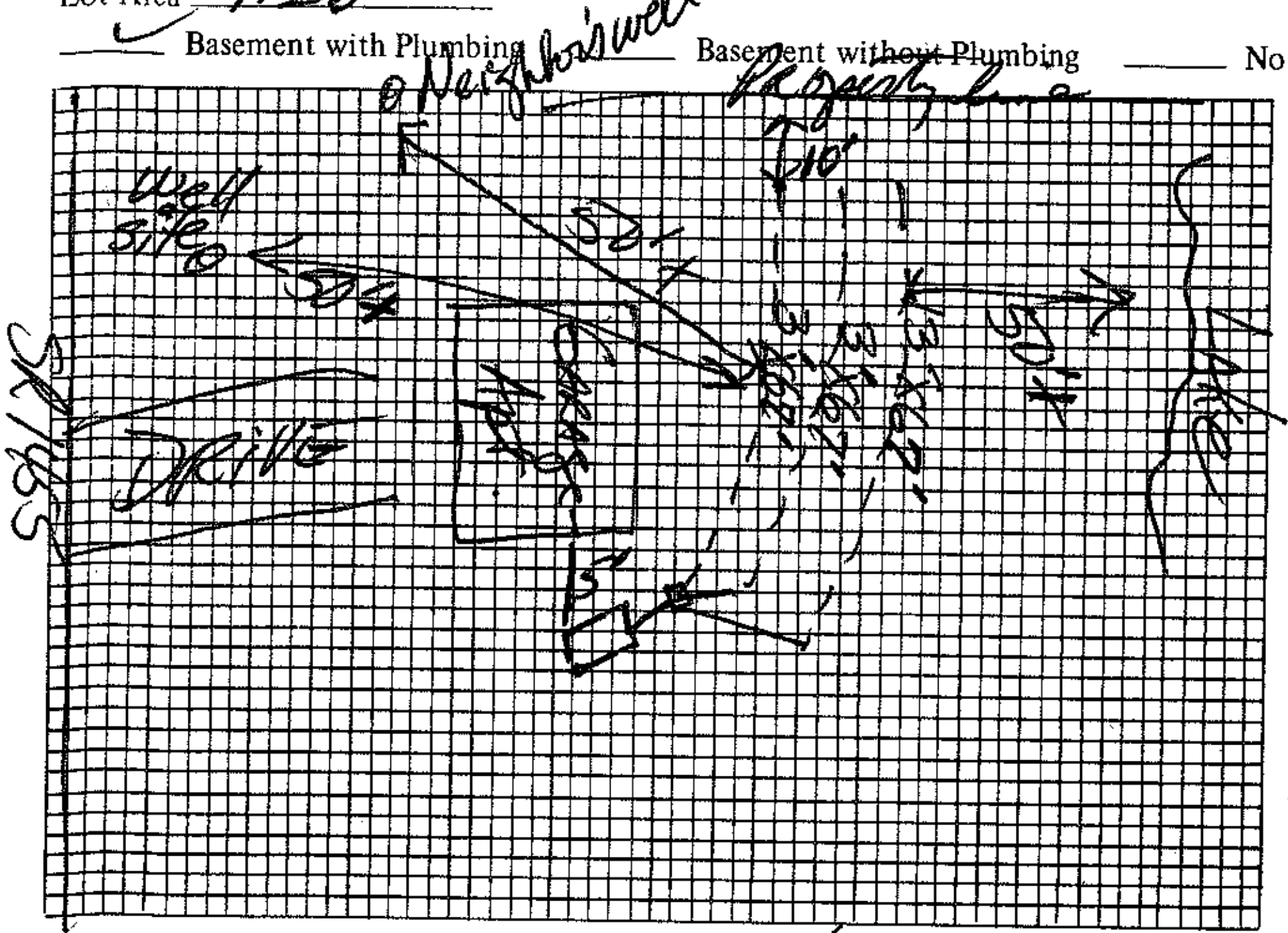
~~Garage Apt~~
House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 1 No. Bathrooms 1
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 .4
Topography 10-15%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 1.26

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
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 [signature]

IMPROVEMENTS PERMIT BY DK Hanson, RS

COMMENTS: Keep drainfield shallow.

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