IREDELL COUNTY HEALTH DEPARTMENT 4W27304025

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

OWNER OR CONTRACTOR B. Oakley Winters DATE 3/20/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendrie) TR Ardmore (R/N Digh Cir & E Lakeland Dr.) 1st on Right (in curve) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3½

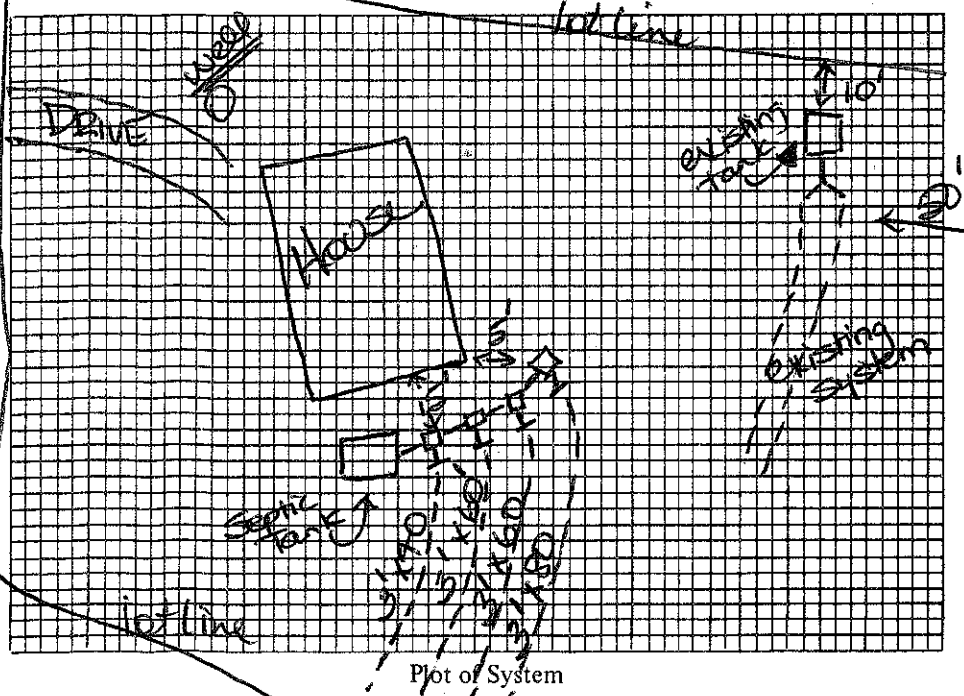
Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Clay
Percolation Rate n.4
Topography 15% +
Depth to Water Table 4' +
Rock or other impervious formations none observed

Lot Area ~29000 ft²

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

split system - Use existing system for BASEMENT



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

lake

Installed by Little Hawkins

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH, R.S.

COMMENTS: CORRECTED HEIGHT OF DROP BOXES TO CORRECT DISTRIBUTION.

CERTIFICATE OF COMPLETION BY Andrew C. Brewer DATE 9/17/87

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