3:00

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 R. Oakley Winters DATE Mar. 20, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TR Aldmore (Between Dogwood Cir. & E. Lakeview Dr.) 1st on Rt. (in curve) S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 354 SECTION OR BLOCK NO. 8

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

No. Bedrooms 4 No. Bathrooms 3½

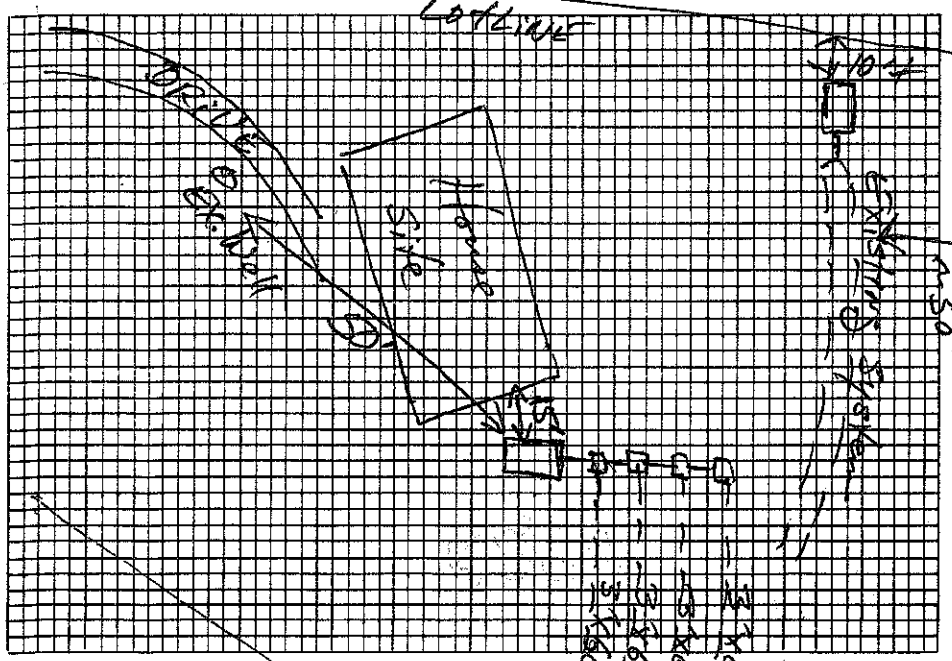
Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

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

Lot Area ~29000 ft²

Split system — Use existing system for Basement

✓ Basement with Plumbing _____ Basement without Plumbing _____ No 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 ( )
Existing well

Installed by _____

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

Signed: [signature] Agent

IMPROVEMENTS PERMIT BY DR Henson, R.S.

COMMENTS: Reinstall drainfield with 12" cover. Use a series of properly installed drop boxes to distribute effluent. No stepdowns in any lines. If new well is needed locate it uphill or over (towards left) from existing well.

240 ÷ 60 = 4

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