4627-41-9684

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 Tommy Weeks DATE 3/16/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Digh Circle Bear Rt. at forks in 2nd curve Bear Rt. ~300' on left S. R. No. _____

SUBDIVISION NAME CL&T LOT NO. 378 SECTION OR BLOCK NO. 8

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

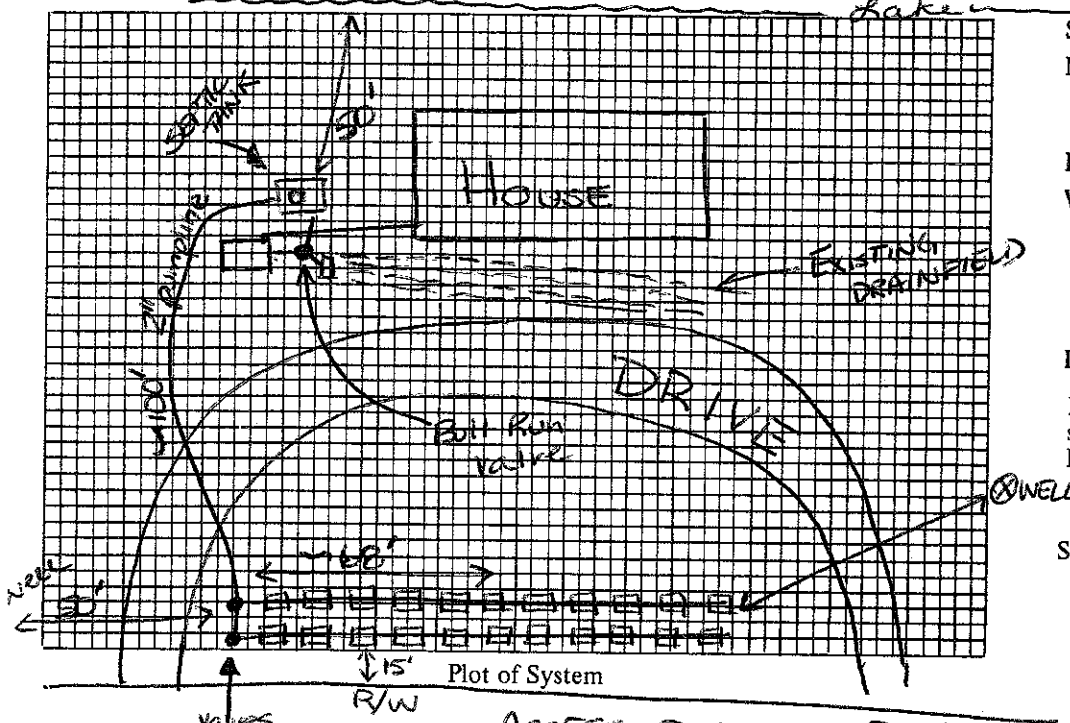
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Sandy clay
Percolation Rate ~.4gpd/ft²
Topography 15%
Depth to Water Table 4'+
Rock or other impervious formations Some scattered rock.

Lot Area 20,000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement (1000 gal pump tank.



Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. ~135' of
Depth of Stone in Lines 16-24"
Water Supply: Individual (✓) T&J
Public ( ) panels pressure dosed.

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY ACCESS ROAD DRH

COMMENTS: Shallow installation, Good grade. High water alarm checked and mounted.

CERTIFICATE OF COMPLETION BY Andre C Price 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