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 J. Michael Tabb DATE 9-12-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150W TL #211 TL 1215, TR Hogans Road
at end, on left [illegible]

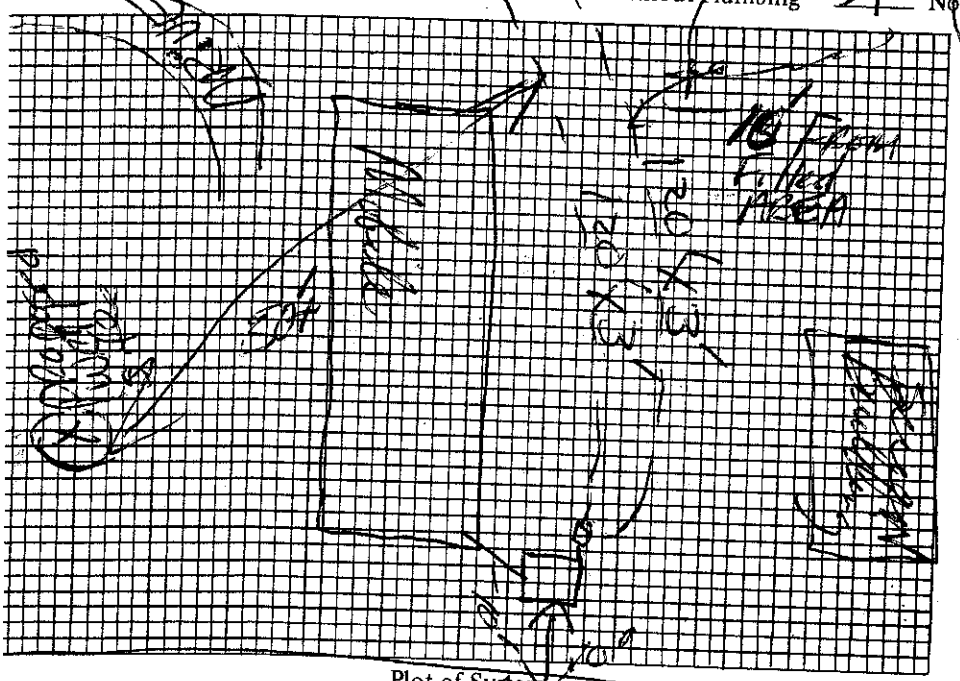
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate .05 gal/ft²/day
Topography 2 slope
Depth to Water Table 4
Rock or other impervious formations NONE OBS

Basement with Plumbing _____ Basement without Plumbing _____ No Basement X



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 1.5'
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X J. Michael Tabb

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, About 1.5' cover
for low contours - Rec'd

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