IREDELL COUNTY HEALTH DEPARTMENT (IV) 4628-86-9875

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

OWNER OR CONTRACTOR JACK C. Currant DATE 11/18/88 PERMIT NO. 17D

PHONE: Business _____ Home _____

LOCATION 150 W. Rt on Perth Rd. TL Fern Hill Straight onto Point of View L. approximately 5/10 mi. S. R. No. _____

SUBDIVISION NAME POINT of VIEW LOT NO. 10 SECTION OR BLOCK NO. _____

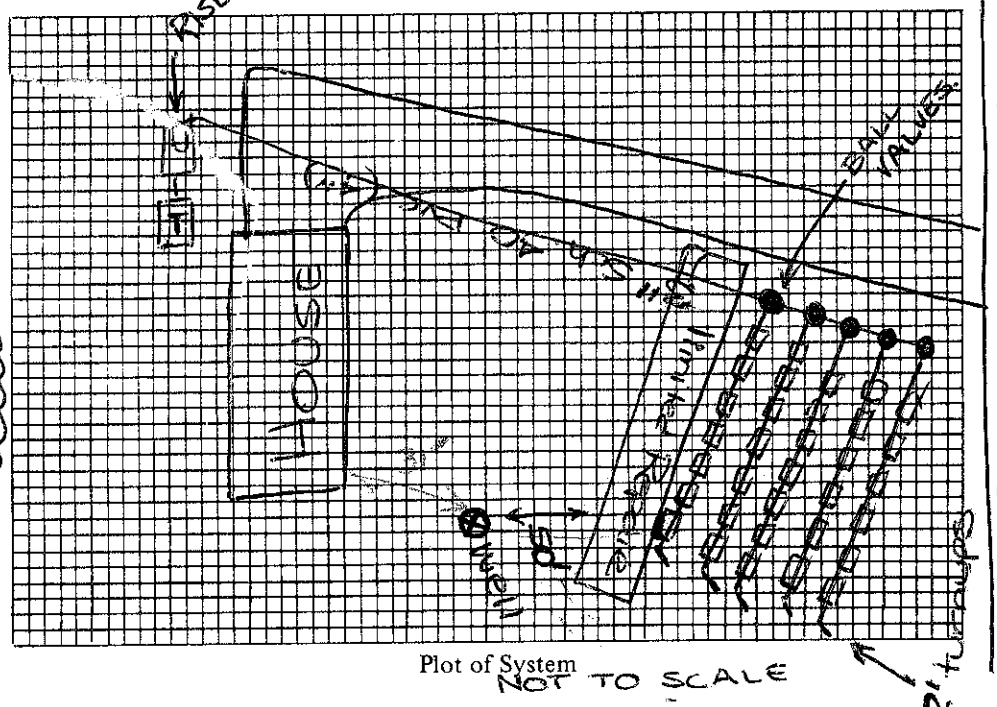
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 7

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes (✓) | No ( ) | Character & Porosity of Soil | Clayey |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 4 gpd/ft² |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 10 - 15% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 4'+ |
| | | | Rock or other impervious formations | none observed |

Lot Area _____

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement P.T. 1500 gal




Plot of System NOT TO SCALE

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 200' of 16" T & J
Sq. Ft. _____ Linear Ft. Panels.
Depth of Stone in Lines 8
Water Supply: Individual (✓)
Public ( )

Installed by Yountz

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

Signed: _____

57' measured from well to est. lowest septic line

IMPROVEMENTS PERMIT BY Kelly R. Sneeks, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 11/18/88

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