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 RALPH SNYDER DATE 11-6-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off State Park Rd. - T.R. on Abbington Lane - T.L. on 2nd st. - house at end on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 815 SECTION OR BLOCK NO. _____

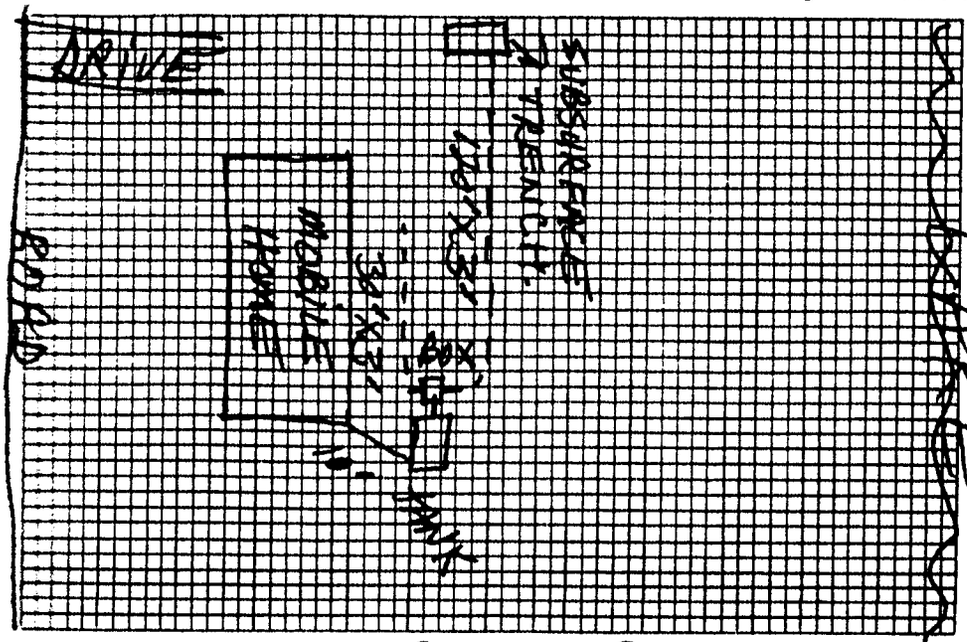
House ( ) Mobile Home (✓) Business ( ) Other ~~Mobile home to be placed on lot first.~~ Later / NOW

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )
Lot Area 3/4 acre

Character & Porosity of Soil Prov. Suitable.
Percolation Rate 5 min/in. ~~per~~ sq. ft.
Topography 6-10% slope
Depth to Water Table 10'+
Rock or other impervious formations scattered rock.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public ( )

Installed by Barry Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Imperious rock was struck during installation, therefore a ~~sep~~ subsurface absorption trench was installed to account for remainder of drainfield. Keep well at least 50' from S.T. system.

CERTIFICATE OF COMPLETION BY ~~Steve~~ Steve Brown DATE 11-6-86.

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