3:30
9:45

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 Phil Smith DATE 5-16-85 PERMIT NO. 185

PHONE: Business _____ Home _____

LOCATION 1102 on left before All Season's Marina
Tr Dirt Road NEAR END ON R S. R. No. _____

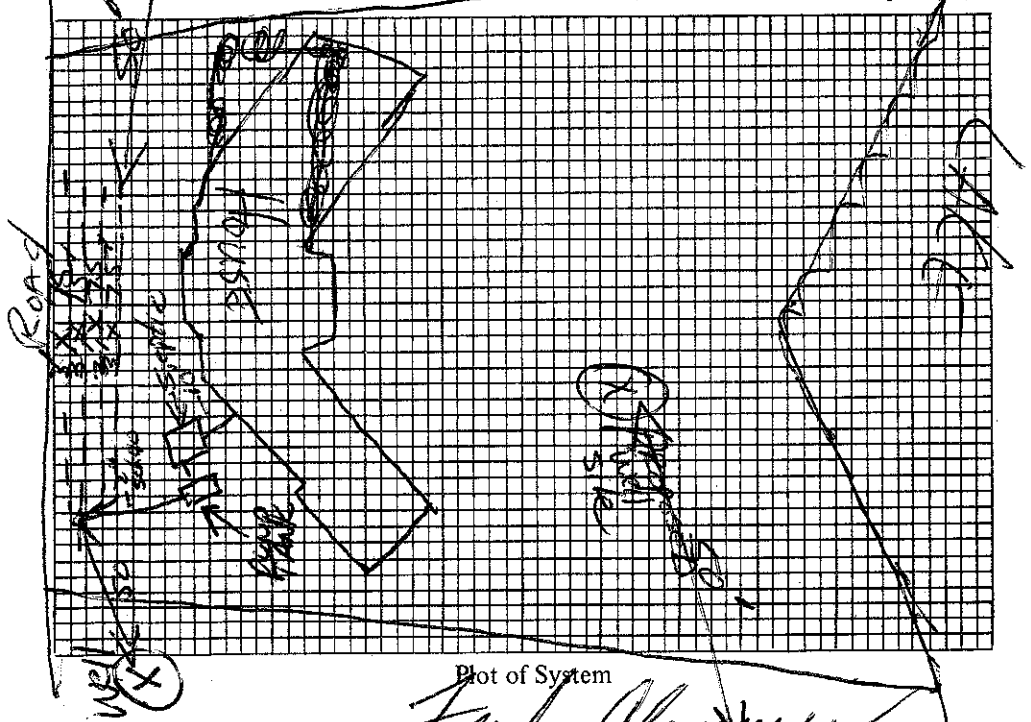
SUBDIVISION NAME Annie Knox Honeycutt Prop LOT NO. 4 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 30,000 FT²

Character & Porosity of Soil Clay Loam
Percolation Rate 34 / 100 / 4
Topography Hilly
Depth to Water Table _____
Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing (X) No Basement



Plot of System

Size of Tank 1000 Gals. PUMP TANK 1000
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System shallow, about 1.5' COVER MAXIMUM

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