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 Judson E. Self DATE 3-22-85 PERMIT NO. 90

PHONE: Business ______ Home ______

LOCATION 1100 TL 1179 TR Old Squaw R TL Billy Jos. Blvd R Fountain Run TL Spring Run Dr. S.R. No. ______

SUBDIVISION NAME Spring Run LOT NO. 20 SECTION OR BLOCK NO. ______

House (X) Mobile Home ( ) Business ( ) Other Sewer Easement Adjoining Lot 119+118

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 Ft

Character & Porosity of Soil Clay

Percolation Rate 0.4 gal/ft²/day

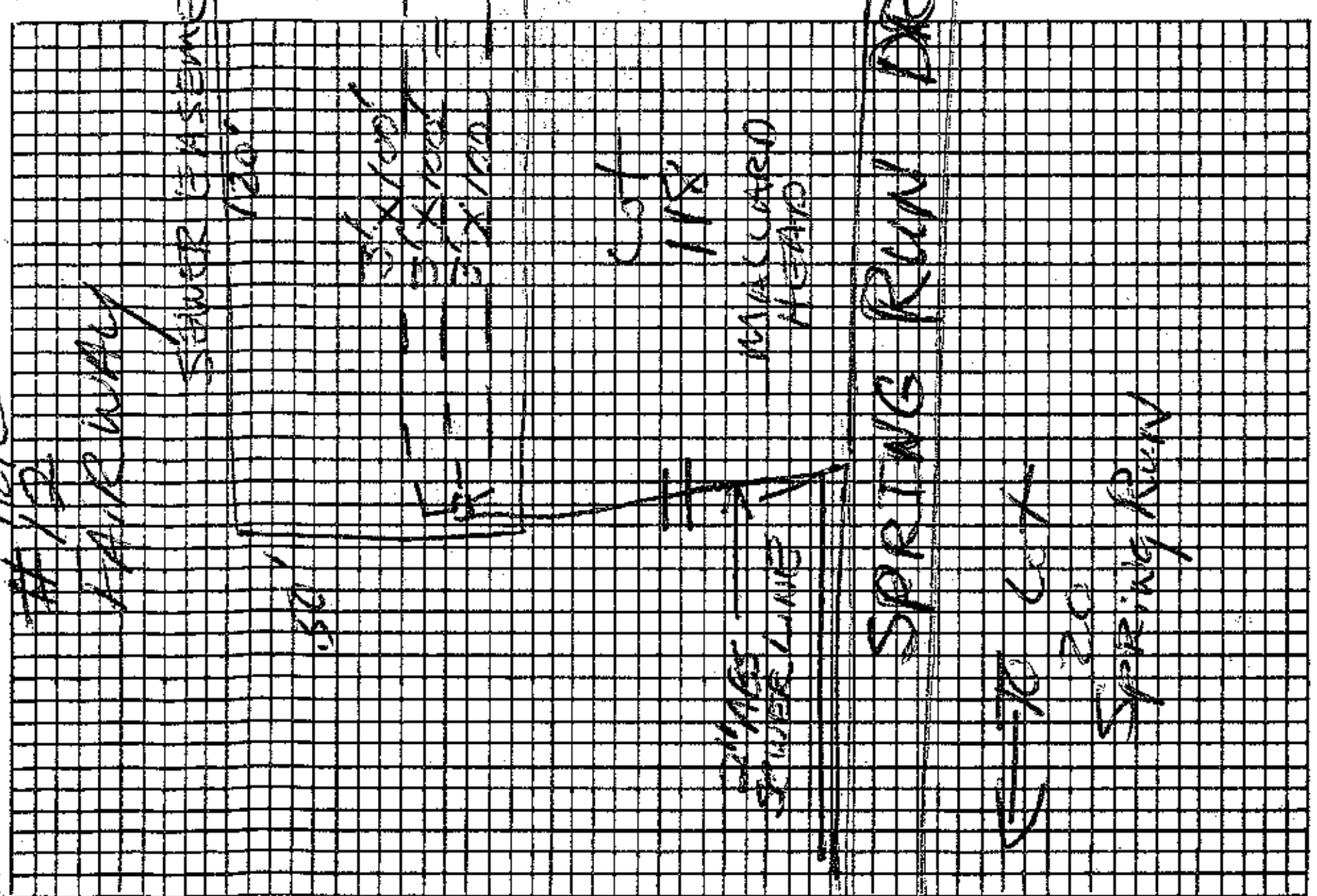
Topography 2-6%

Depth to Water Table 4'

Rock or other impervious formations NONE obs.

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement

1000 gallon pump tank



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Community H2O System

Installed by ______

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

Signed: X Harry W. Bentley

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, about 1.5' cover; use good quality effluent pump + associated alarm

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