O'L. 35

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 ABJ Construction DATE 9-8-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 R 1179 Tr past Woodduck Loop ~300' on left

S. R. No. _____

SUBDIVISION NAME St Andrews Village LOT NO. 3 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area ~20000 Sq

Character & Porosity of Soil clay

Percolation Rate ~.35

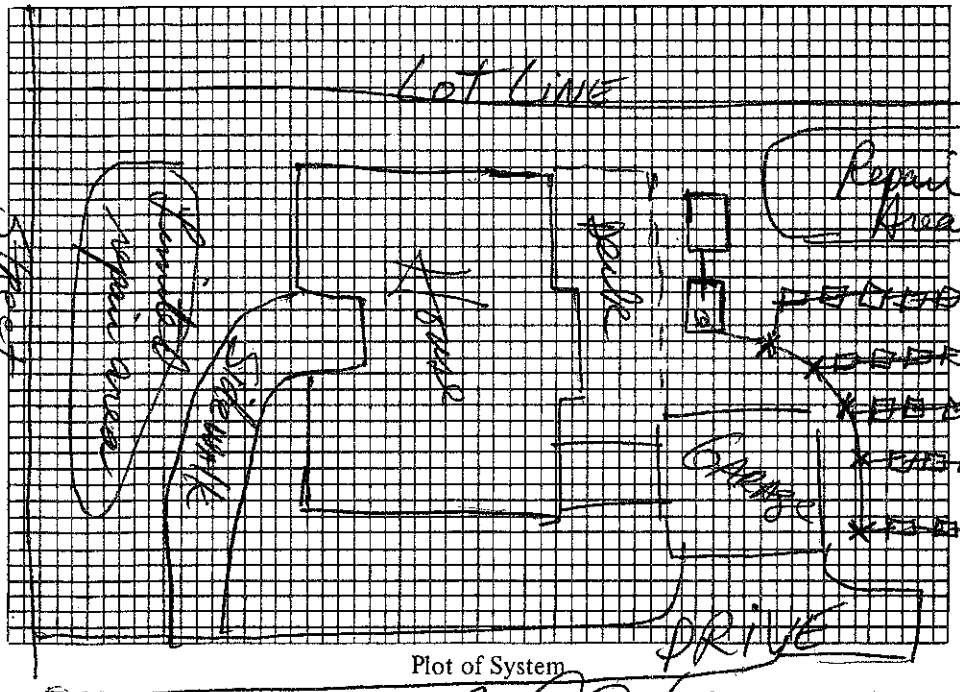
Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

1000 gal pump tank

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines ~4-5 180 LF

Sq. Ft. _____ Linear Ft. ~230 ea

Depth of Stone in Lines 16" TAJ

Water Supply: Individual ( ) Public (✓)

panels pressure dosed or LP conv.

Installed by _____

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

Signed: Jerry McNeil

IMPROVEMENTS PERMIT BY David R. Henson, R.S.

COMMENTS: Pressure dose 16" TAJ panels. Keep system shallow, follow contour. Call Health Dept for specifications. Revisited site 1-6-88; there appears enough area to install LP conventional field using the side and front areas for future repair DRH

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