4636972046

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 5/19/88 PERMIT NO. _____

PHONE: Business 664-4353 Home _____

LOCATION 1100 T. L. Canvasback T.L. Turnberry Lane 1/8 mile 1/8 mile on Right. S. R. No. _____

SUBDIVISION NAME St. Andrews LOT NO. 31 SECTION OR BLOCK NO. _____

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

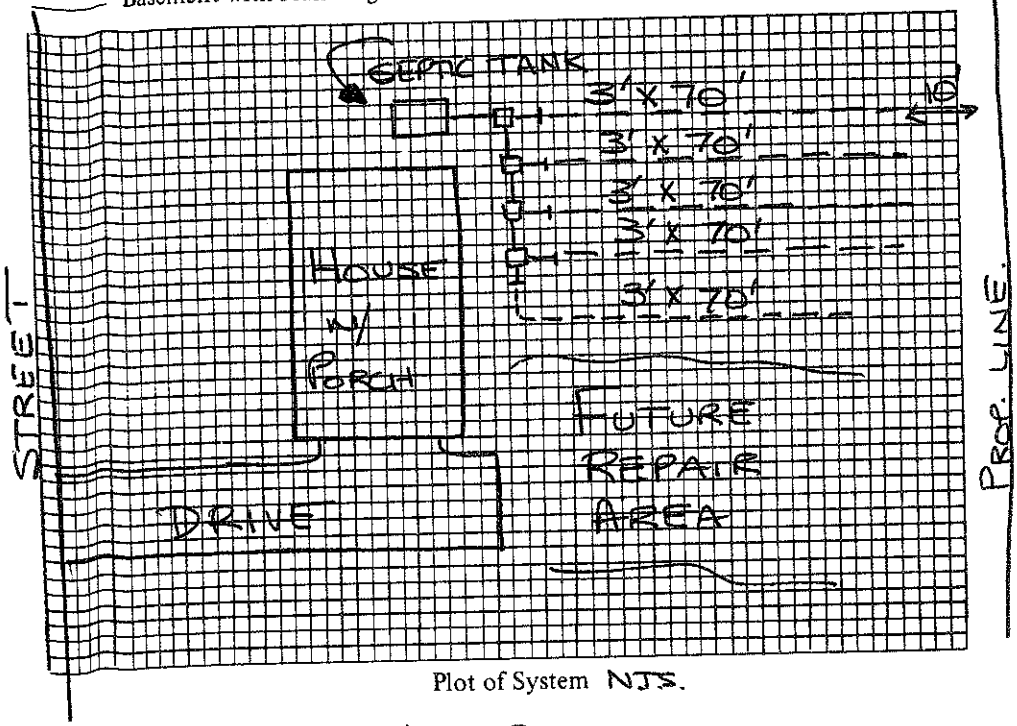
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate .35 gpd/ft²
Topography ~5%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 20,000ft²

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System NTS.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public X
Community Well.

Installed by Julian Bowles.

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

Signed: _____

IMPROVEMENTS PERMIT BY A.C.P.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 5/19/88

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