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 Joe Inman DATE 8/15/86 PERMIT NO. 353

PHONE: Business _____ Home _____

LOCATION 1100, Rt on Blume, Rt on Patkmore, 1/2 mile on Lf

S. R. No. 9

SUBDIVISION NAME Crescent Lot LOT NO. 168 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil sandy loam topsoil
Percolation Rate .15 application rate
Topography 10-15% 417
Depth to Water Table _____
Rock or other impervious formations Saprolite/Sandrock at 15"+

Lot Area _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Modified LPP system designed by BC Barringer P.E.
Approved by KS 8/21/86

Size of Tank 1500+1000 pump Gals.
Nitrification Field:
No. of Lines AS SHOWN
Sq. Ft. _____ Linear Ft. ON DESIGN
Depth of Stone in Lines _____
Water Supply: Individual (✓) To be Drilled
Public ( )

Plot of System

Installed by _____

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

Signed: J.O Inman

IMPROVEMENTS PERMIT BY Keith Sheets KS

COMMENTS: Sanitarian must meet w/ Installer on site prior to commencing installation.

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