4637-43-7523

IREDELL COUNTY HEALTH DEPARTMENT

10411

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Addy Construction DATE May 24 '90 PERMIT NO. 2K-15-A3

PHONE: Business _____ Home _____

LOCATION 4R 1/60 to 1/64 TR 1250 (OAK TREE RD) Bear Left AT LAKE on Right S. R. No. _____

SUBDIVISION NAME Annie Brotherton LOT NO. 3 SECTION OR BLOCK NO. _____
Timberlane Shores

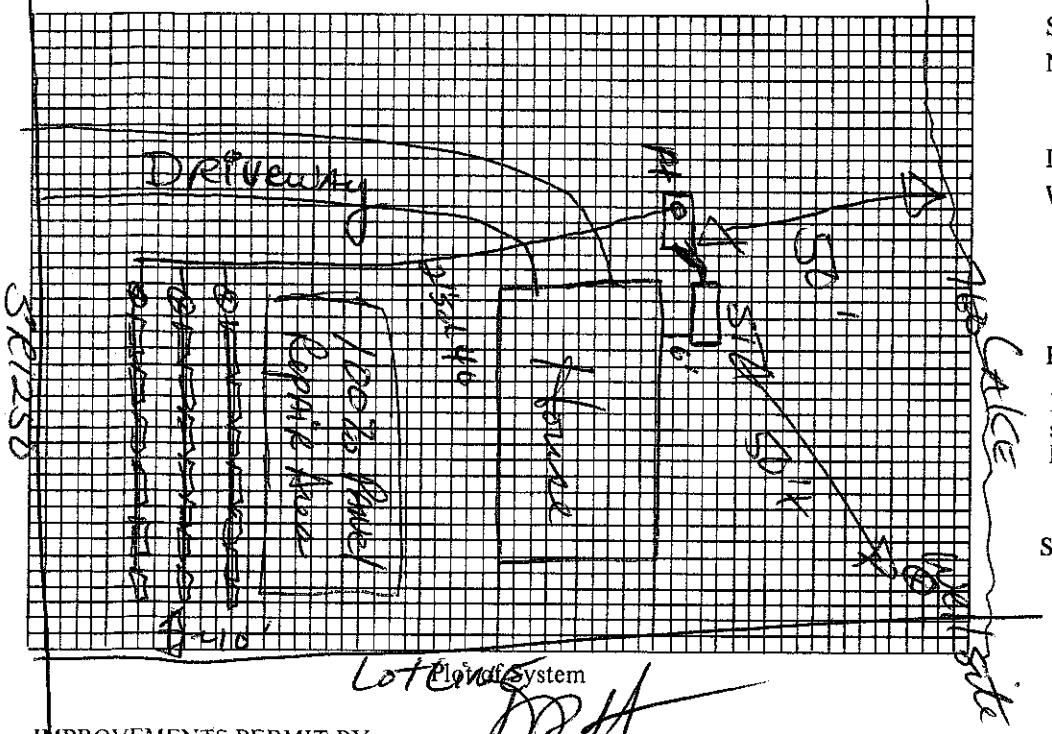
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½ Drainfield Area
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable RS (Front Condyde) Yes (✓) No ( )
Lot Area 102' x 334'

Character & Porosity of Soil psclay
Percolation Rate ~0.3
Topography 10-15%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 g.t.
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" Trench
Water Supply: Individual (✓) panels
Public ( ) p-1



Installed by Bob MacLeod

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not installed as of this date.

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE 5-24-90

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