IREDELL COUNTY HEALTH DEPARTMENT 4637-53-1765

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

OWNER OR CONTRACTOR David K. Rathke DATE 8-29-86 PERMIT NO. 480

PHONE: Business _____ Home _____

LOCATION 1100 TR Oaktree BR at fork lot at end on left
115 Happy Oaks Rd

SUBDIVISION NAME Timberlane S/D LOT NO. 8 SECTION OR BLOCK NO. _____ S. R. No. _____

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

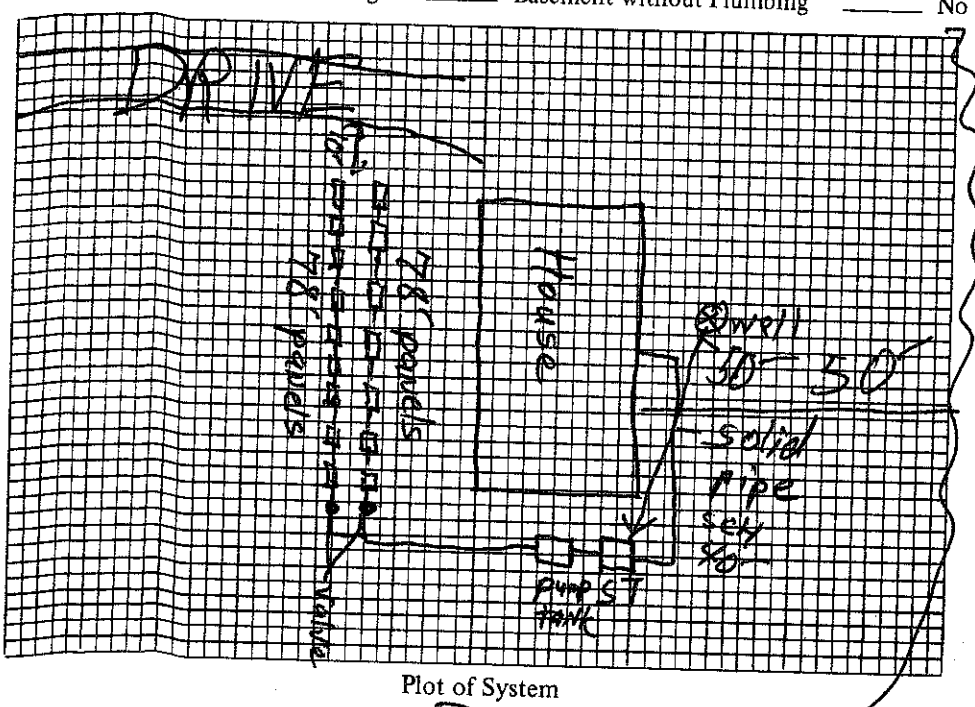
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate .4 gal/ft²/day
Topography 2-10%
Depth to Water Table 4'
Rock or other impervious formations None obs

Lot Area _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

+ 1000 pump tank

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2 T+J panels
Sq. Ft. _____ Linear Ft. 150'+
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: alarm was hooked up + was operating OK

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 8-29-86

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