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 David K. Rathke DATE 2-20-86 PERMIT NO. 59

PHONE: Business _____ Home _____

LOCATION 150 W TL 1109 TR 1100 TR 1230 (Oak tree Rd) go ~1 mile go straight at the fork lot on left

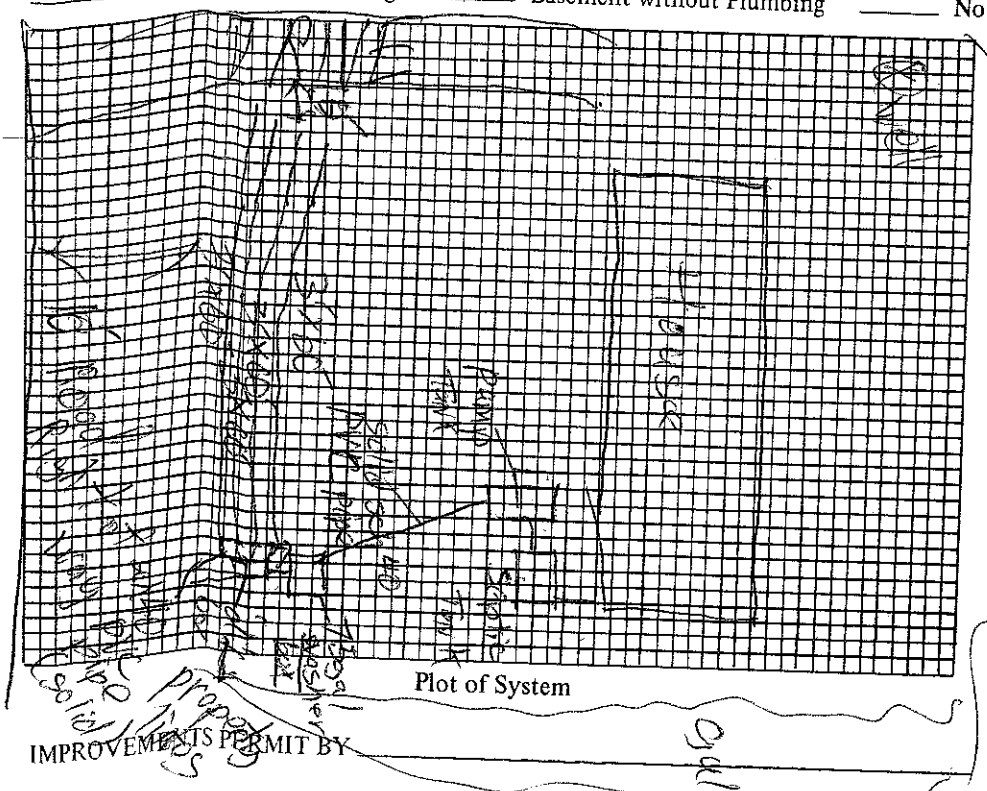
SUBDIVISION NAME Timberland Subdivision LOT NO. 8 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3 gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'
Lot Area 20000 ft²			Rock or other impervious formations	None obs

_____ Basement with Plumbing ___✓___ Basement without Plumbing _____ No Basement



Size of Tank 1000 gal tank with 1000 gal pump tank

Nitrification Field:
No. of Lines 4
Sq. Ft. ~~120~~ Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Robert A. Cohen (R.C.)

IMPROVEMENTS PERMIT BY Charles K. Bennett

COMMENTS: keep system shallow and follow contour 1000 gal tank with 1000 gal pump tank pump up hill to a washer box (75 gal) to distribution box, have alarm system to warn owner of pump malfunction

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