IREDELL COUNTY HEALTH DEPARTMENT 4637-90-8207

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

11172

OWNER OR CONTRACTOR R&L MacLeod Inc. DATE Nov. 6, '90 PERMIT NO. 2K-19-4-5

PHONE: Business _____ Home _____

LOCATION 1180 TL into Farmstead ~450' on left

_____ S. R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 5 SECTION OR BLOCK NO. _____

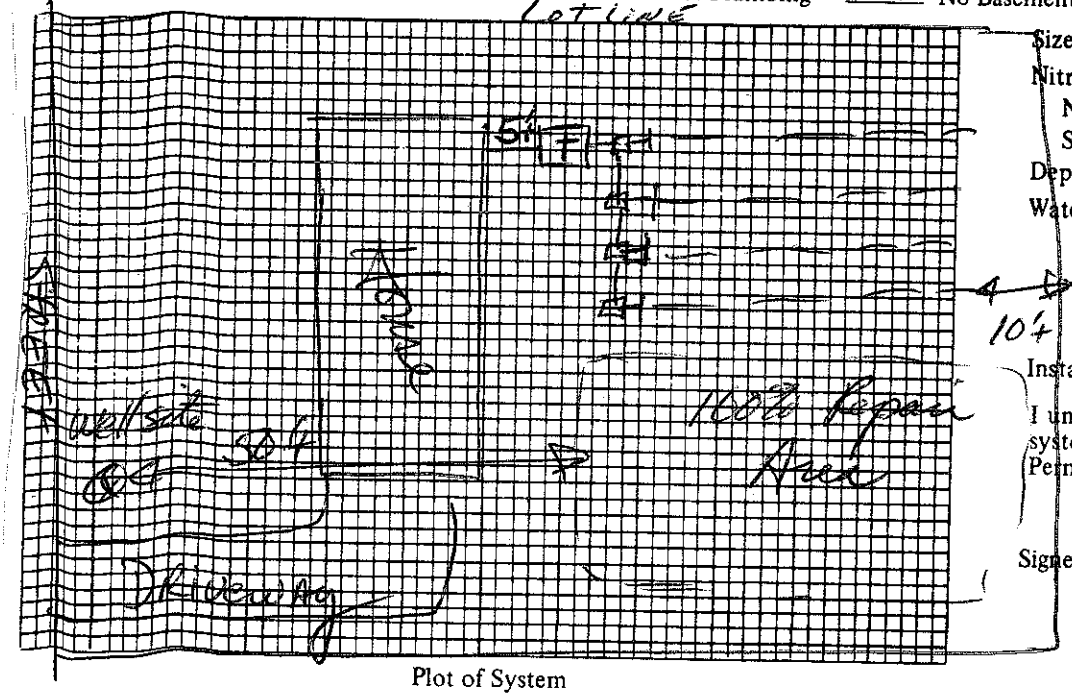
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area 20000 sq ft

Character & Porosity of Soil PS clay
Percolation Rate 2@35
Topography ~4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Bob MacLeod

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: System inspected by Sam Ingram 10-4-90. No approval given at that time because of no date on septic tank.

CERTIFICATE OF COMPLETION BY Sam Ingram (by DR Hanson) DATE Nov. 6, '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