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 Laura Ferguson DATE 9-4-86 PERMIT NO. 381

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 just past Broadview Loop on Rt. S. R. No. _____

SUBDIVISION NAME L. N. LOT NO. 102 SECTION OR BLOCK NO. 15

Temporary

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

No. Bedrooms 3 No. Bathrooms 2

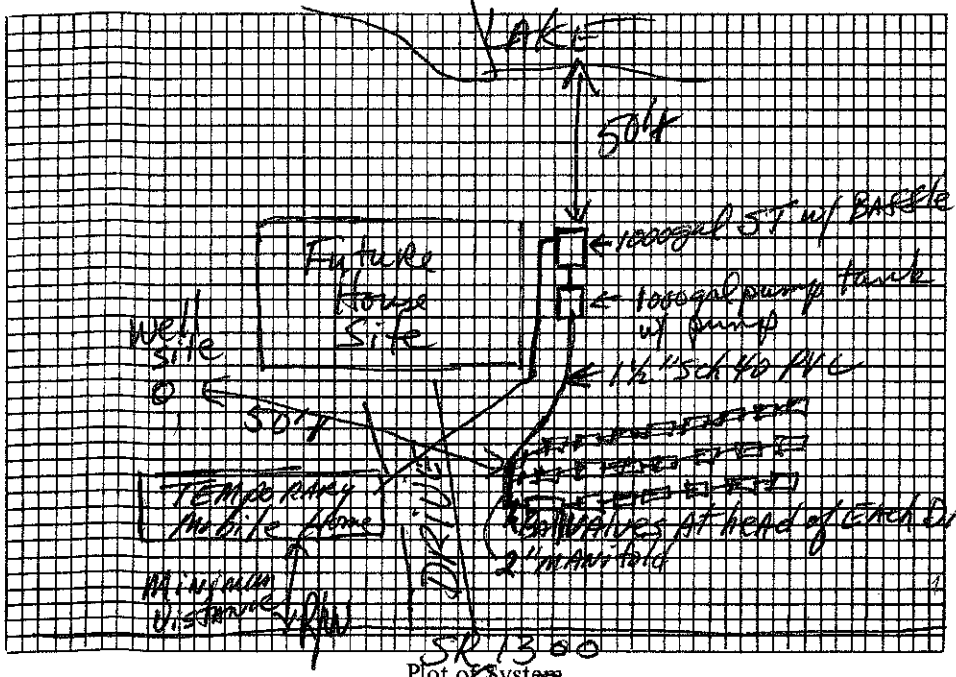
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate .4
Topography 15-30% gullied
Depth to Water Table 44
Rock or other impervious formations none obs.

Lot Area 1.3 Ac

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 gal pump tank



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 - 50' Rows of panels
Sq. Ft. _____ Linear Ft. 150

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Laura J Ferguson

IMPROVEMENTS PERMIT BY Marshall Hanson, RS

COMMENTS: Panels to be dosed by using a 2" manifold and a ball valve at head of each panel ditch. Run panels shallow and on contour of lot. Septic Tank contractor to contact Health Dept before 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