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 Mrs Mrs Albert B Rogers DATE May 15, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TL 1300 (Fern Hill Rd) TL 2nd Kennedy Loop
1/4 mile on Right S. R. No. _____

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

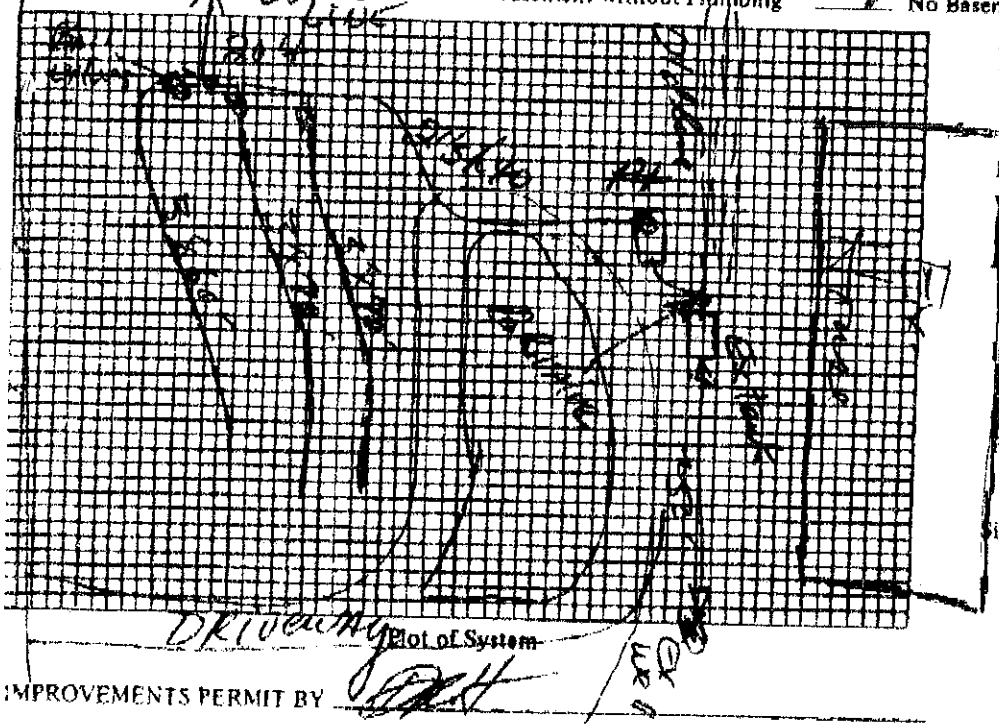
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	40
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable PS	Yes (✓)	No ( )	Depth to Water Table	6ft
Lot Area Existing ½-3/4 Ac			Rock or other impervious formations	none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

10x20 gal. p.t.



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
1-50'

Installed by D. Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-15-89

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