IREDELL COUNTY HEALTH DEPARTMENT 4638386927

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

OWNER OR CONTRACTOR Bill Kennedy DATE 8-26-83 PERMIT NO. 322

PHONE: Business _____ Home _____

LOCATION 1303 TL 1300 TL 1598 TL Stat Dr. attend S. R. No. _____

SUBDIVISION NAME L-N. LOT NO. 32 SECTION OR BLOCK NO. 15

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

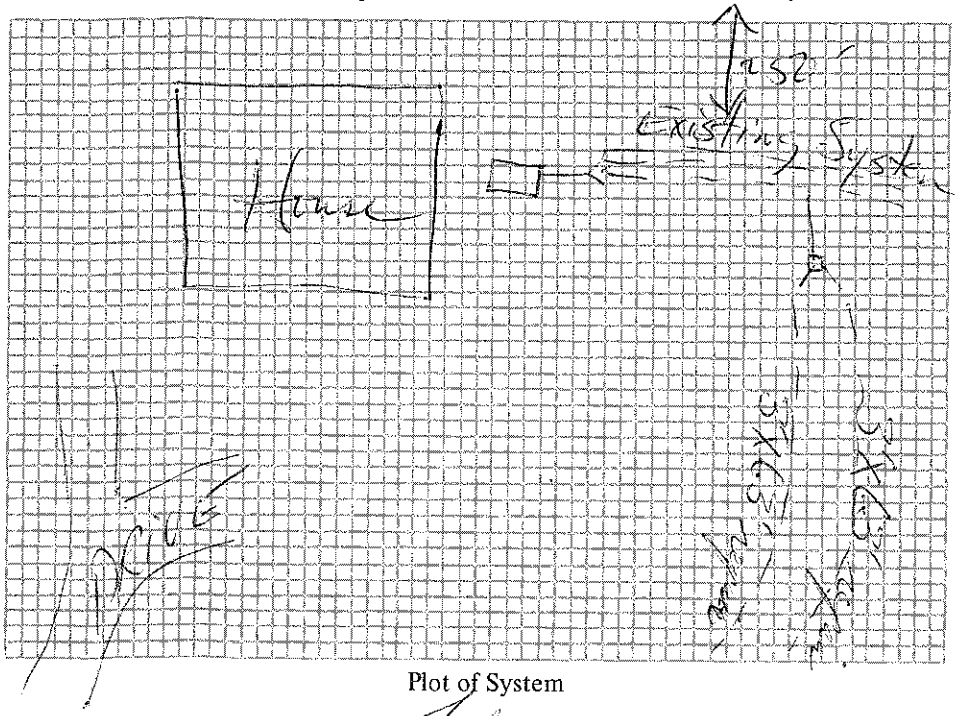
No. Bedrooms 5 No. Bathrooms 2

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

Character & Porosity of Soil Alpaulyte
Percolation Rate 4-4
Topography 8-10%
Depth to Water Table 4'+
Rock or other impervious formations None obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 375 Linear Ft. 125 +
Depth of Stone in Lines 12" +
Water Supply: Individual (✓)
Public ( )

Installed by Jim Stault

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

Signed: _____

IMPROVEMENTS PERMIT BY HHE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY: David R. Hunter DATE 8-26-83

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