4638 57 2264

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 M. J. RANDALL DATE July 25, 1988 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TL Stumpy Creek Access (1399) TL. Collingswood (2708) TR Folkstone (2720) ~ 1/4 mile on left S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 1050 SECTION OR BLOCK NO. 14

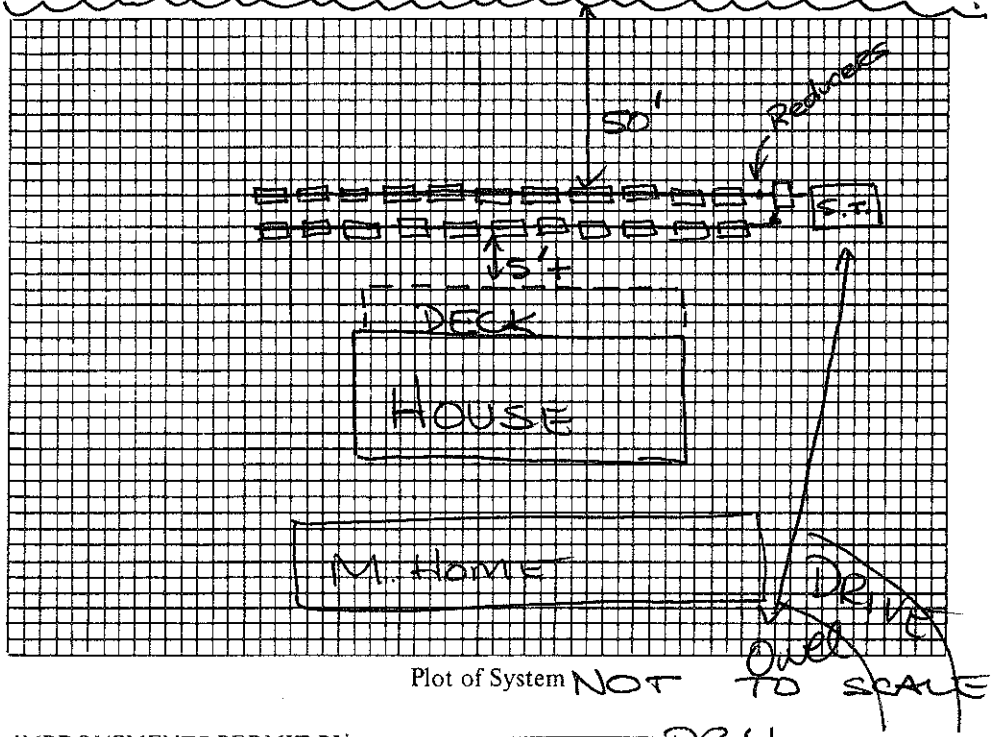
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2-3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable ~~P.S.~~ Yes (✓) No ( )

Character & Porosity of Soil Clay (silt)
Percolation Rate .3-.35
Topography 15-25%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area ~ 1.2 ACRE

_____ Basement with Plumbing Lake Norman _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" T and J
Water Supply: Individual ( ) Panels
Public ( )

Installed by J. J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY ~~_____~~ DRN STREET

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Green DATE July 25, 1988

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