04956

RH Stanley NC 28164
BK 545

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 Jerm Adams DATE Oct 30, '87 PERMIT NO.

PHONE: Business Home 872-6095 (Lot Holly)

LOCATION 1303 N. TR 1300 (Fern Hill) TR 1449 (Riverbend) 2nd dirt road to right – on left S. R. No.

SUBDIVISION NAME CL&T Lake Norman LOT NO. 961 SECTION OR BLOCK NO. 15

Future Temporary

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

No. Bedrooms 3 No. Bathrooms 2

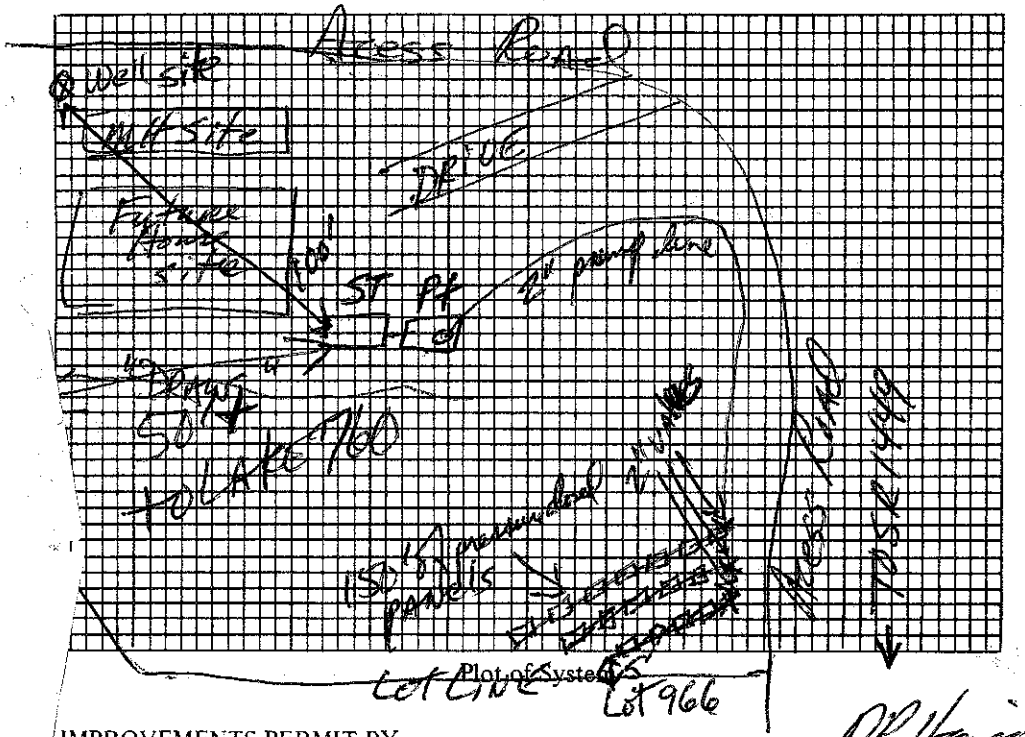
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area ± 1.6 Ac

Character & Porosity of Soil AREA of Drainfield Jelly clay
Percolation Rate ~ 4
Topography 10–25% 4+
Depth to Water Table
Rock or other impervious formations none obs.

1000 gal pump tank

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. Linear Ft. 150' ea
Depth of Stone in Lines 6" Top 5 gravels
Water Supply: Individual (✓) pressure-dosed
Public ( )

Installed by

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

Signed Jerm S Adams Jr

IMPROVEMENTS PERMIT BY DR Henson RS.

COMMENTS: Call Health Dept before installing system in order to verify installation area and specifications. Install pond Drainfield shallow. Area of field to be slightly modified to provide consistent contour.

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