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 T. W. Steele DATE 10-24-86 PERMIT NO. 565

PHONE: Business _____ Home _____

LOCATION 1303 N. TC 1300 TC Bagley Store TC Kenway
⅛ mile on Rt S. R. No. _____

SUBDIVISION NAME C.N. LOT NO. 1028 SECTION OR BLOCK NO. 15

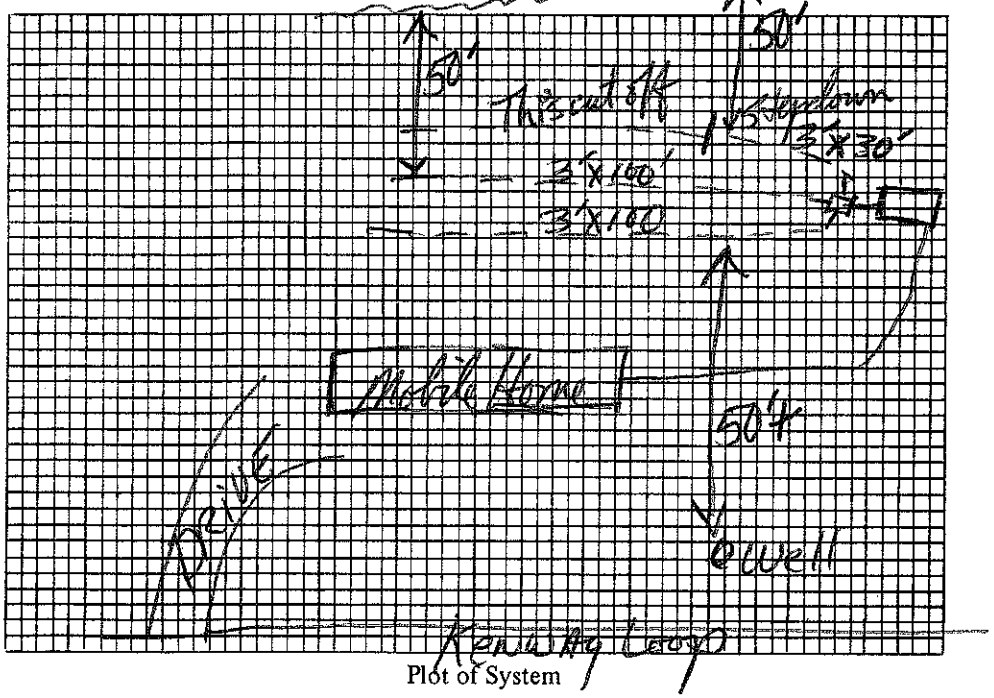
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	45/70 - slightly slow	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4ft	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	none obs.	
			Rock or other impervious formations		

Lot Area 1 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by FJ Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY CKB

COMMENTS: 1500 gal tank and 300' of line were installed as "extra"; however 70' of lower line had to be cut off at stepdown because of being within 50' of 760. Lower 30' left as overflow

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 10-24-86

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