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 Michael & Susan Arnold DATE 10/14/88 PERMIT NO. 17D

PHONE: Business _____ Home 545-0580

LOCATION Perth N. TL Fern Hill TL Kenway ON L. ~ 1 mile S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 17 SECTION OR BLOCK NO. 15

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

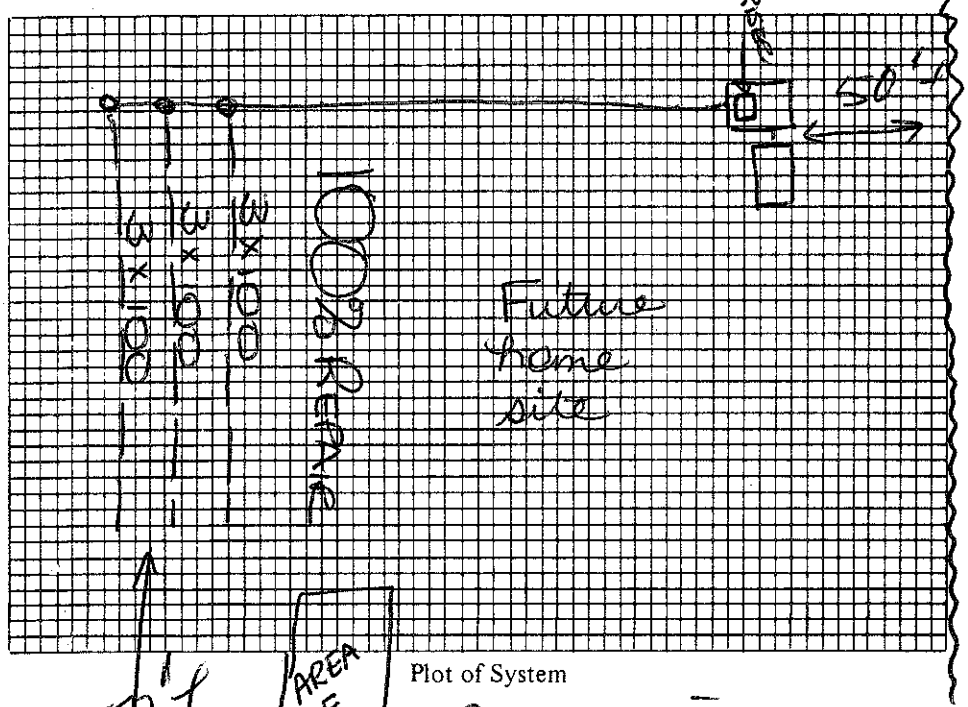
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate .4 gpd/Ft²
Topography 3-5%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area .89

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement P.T. - 1500



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY: Andre Prince

COMMENTS: Alarm cked and finaled. However alarm should be mounted in M.H.

CERTIFICATE OF COMPLETION BY Andre C. Prince DATE 10/14/88

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