4645194803 1:30

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 H. Bland Grigsby DATE 9/28/88 PERMIT NO. 21-C

PHONE: Business _____ Home 664-3133

LOCATION 21 S. TL Alcove TR Templeton Wind around near end on Left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

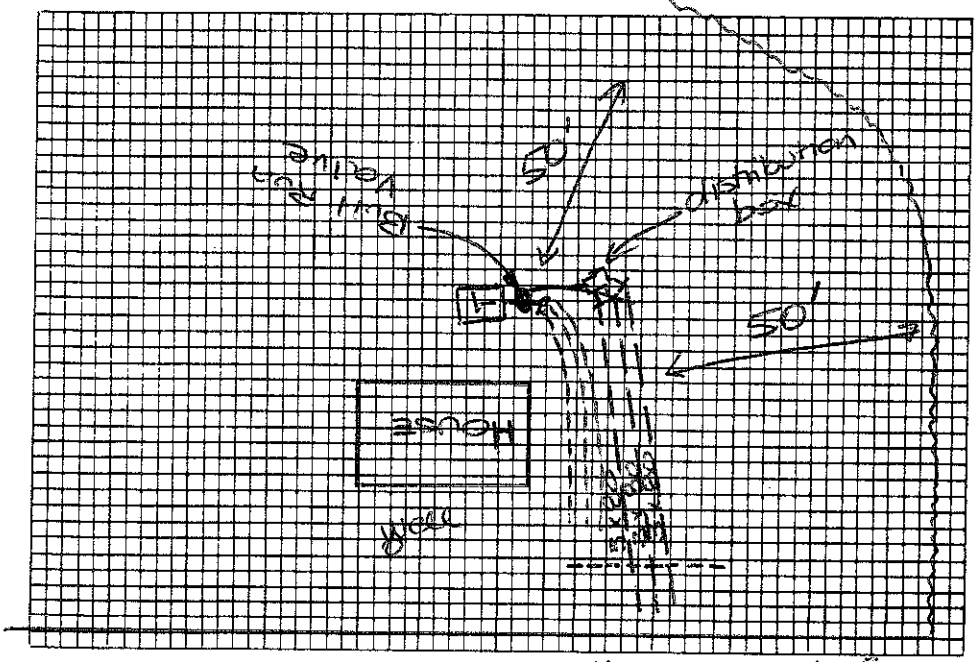
No. Bedrooms 3 No. Bathrooms 2

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 .4gpd/ft2
Topography Lo
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area existing

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Julian

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

Signed: Mrs. H.B. Grigsby

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Place a ball valve between tanks and existing field. Run SCH 40 PVC 4" pipe to a second distribution box and keep drainfield shallow and on the contours. Call if you have problems with the installation. May have to resort to a bed

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: system 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