IREDELL COUNTY HEALTH DEPARTMENT 4645-46-9119

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Terry Dennis DATE 10-1-84 PERMIT NO. 354

PHONE: Business _____ Home _____

LOCATION 215 X117 R1206 ½ mile TR Perrin Drive
¼ mile on left

S. R. No. _____

SUBDIVISION NAME Waters Edge LOT NO. 23 SECTION OR BLOCK NO. 2

House (X) Mobile Home ( ) Business ( ) Other _____ At Road

No. Bedrooms 3 No. Bathrooms 2

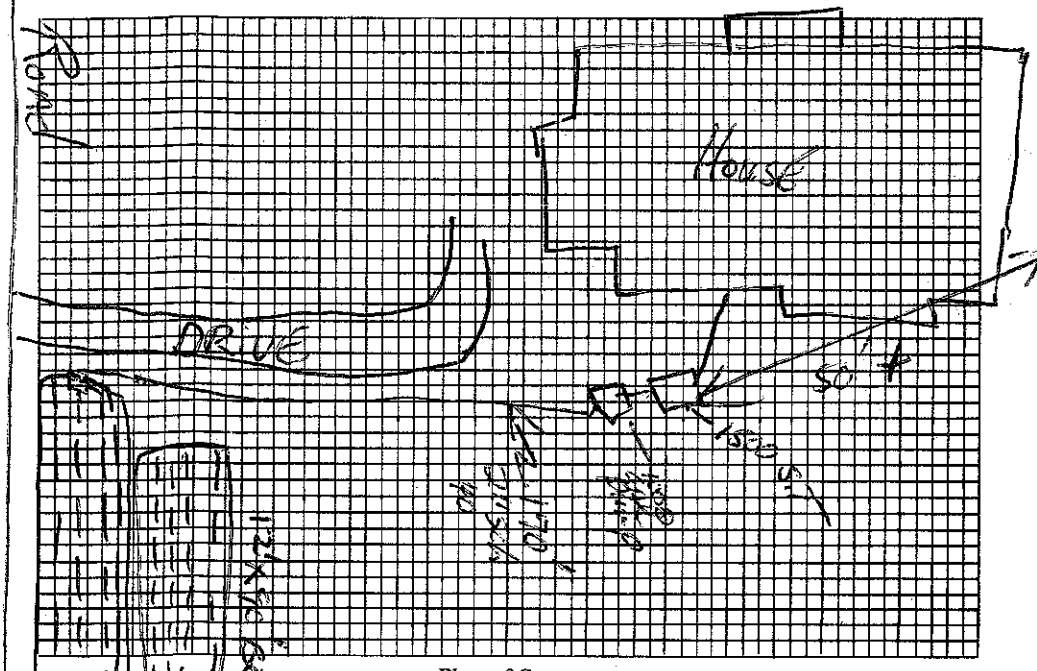
Garbage Disposal Unit Yes (X) No ( )
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Lot Area 1.4 ACRE

Character & Porosity of Soil clay loam/clay
Percolation Rate 0.5 gpf/ 2 Bpf
Topography
Depth to Water Table
Rock or other impervious formations NONE OBS.

1000 gal pump TANK

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Fred Clemmer Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: TANKS in poor (unsuitable 2-1 clay), mottled clay

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-1-84

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