IREDELL COUNTY HEALTH DEPARTMENT

10,00

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

OWNER OR CONTRACTOR Jim Gibson DATE 8-5-85 PERMIT NO. 277

PHONE: Business _____ Home _____

LOCATION 215 X 177 TL 1206 TR 1108 BL 1181 1.0 mile on R (Across from Loch Vista)

SUBDIVISION NAME Rdist Road on H2O LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

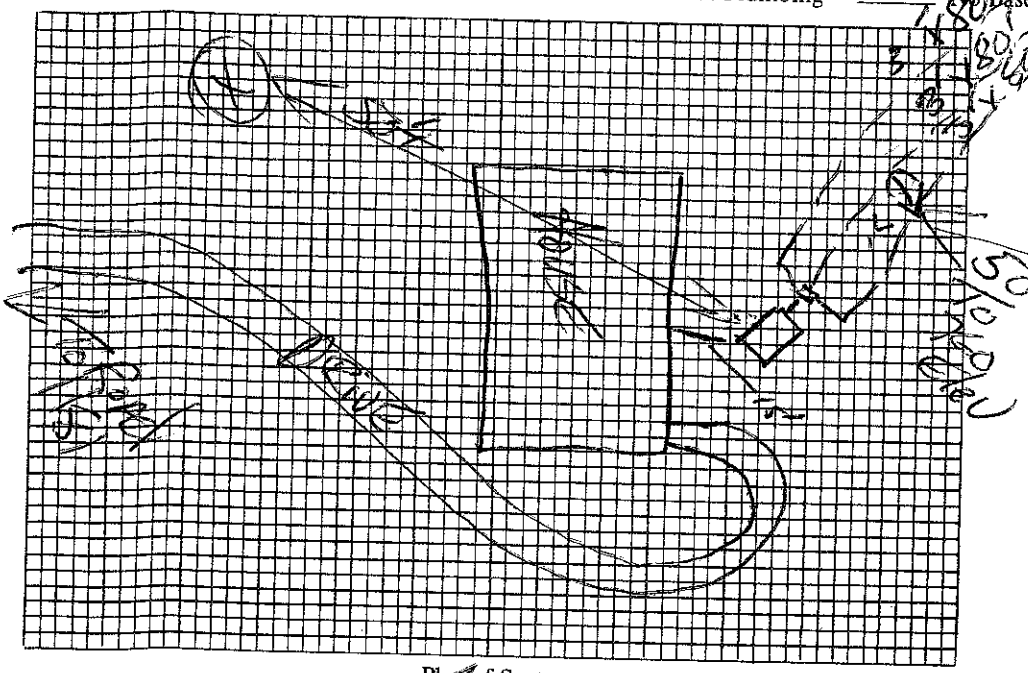
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~~20,000 FT2~~ 2 Acre

Character & Porosity of Soil Clay
Percolation Rate 0.5 gpd/ft²/day
Topography 2-8%
Depth to Water Table 2 Ft
Rock or other impervious formations Above 065.

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1000 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 _____

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

Signed: ~~X~~ Tim Gibson
By John Knupp

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, follow contours; grass over system

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