12417

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 Jerry W Keller DATE 2/11/91 PERMIT NO. 2H-A-78

PHONE: Business 663-1524 Home

LOCATION ALCOVER RD., OFF WILLIAMSON RD., (TR) ONTO GRAVEL AFTER PERRIN X creek, 1st lot on (R) going up hill S. R. No. OFF

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK NO. 1205

House (✓) Mobile Home ( ) Business ( ) Other 1000 - STB794 4-22-94

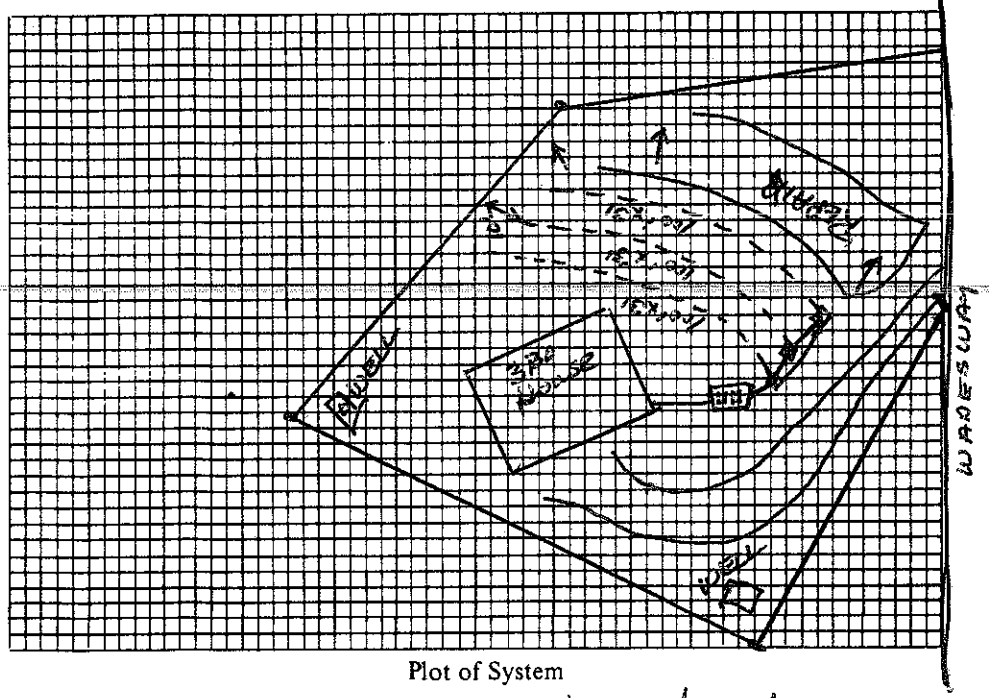
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 14
Topography 2-15%
Depth to Water Table >48"
Rock or other impervious formations None found

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 @ 100'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: X Jerry W Keller

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Trench depth not to exceed 36"q Use Drop Box distribution Well must be located minimum of 50' from closest part of septic tank 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