IREDELL COUNTY HEALTH DEPARTMENT 4645-56-0132

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

OWNER OR CONTRACTOR Richard Roberts DATE 5-21-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1109 TR 1206 (Alcove) TR into Waters Edge on left in curve (beside Perry Waters house) S. R. No. _____

SUBDIVISION NAME WATERS EDGE LOT NO. 22 SECTION OR BLOCK NO. 2

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

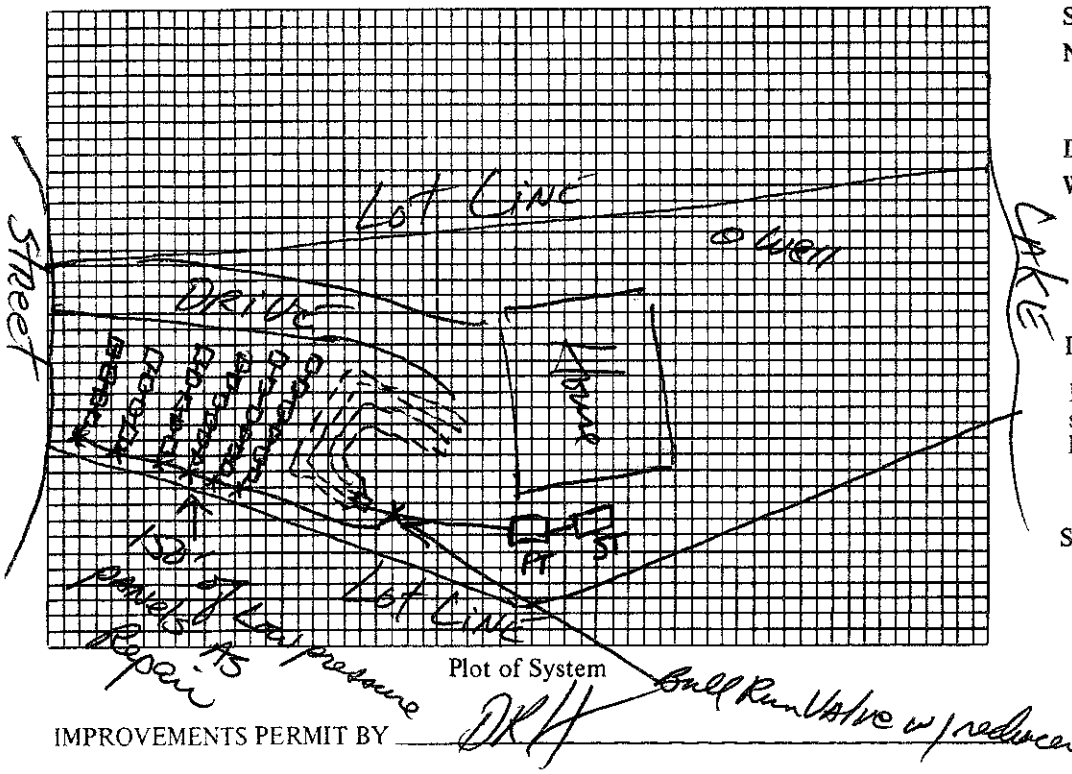
No. Bedrooms 3 No. Bathrooms 2½
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil shallow clay
Percolation Rate 2 in 3
Topography 4-6%
Depth to Water Table 24-36"+
Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Existing pump tank



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. _____ Linear Ft. 2 150'
Depth of Stone in Lines 16" T&J panels
Water Supply: Individual (✓)
Public ( )

Installed by A J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Johnson, R.S. DATE 5-21-87

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