4645566570

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 Larry W. Kistler DATE 10-20-80 PERMIT NO. 323

PHONE: Business _____ Home _____

LOCATION 215 N-I-77 TL 1206 aft Yarick TR Wakes Edge Drive 4th Lot on R

SUBDIVISION NAME Wakes Edge LOT NO. 9 SECTION OR BLOCK NO. _____ S. R. No. _____

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

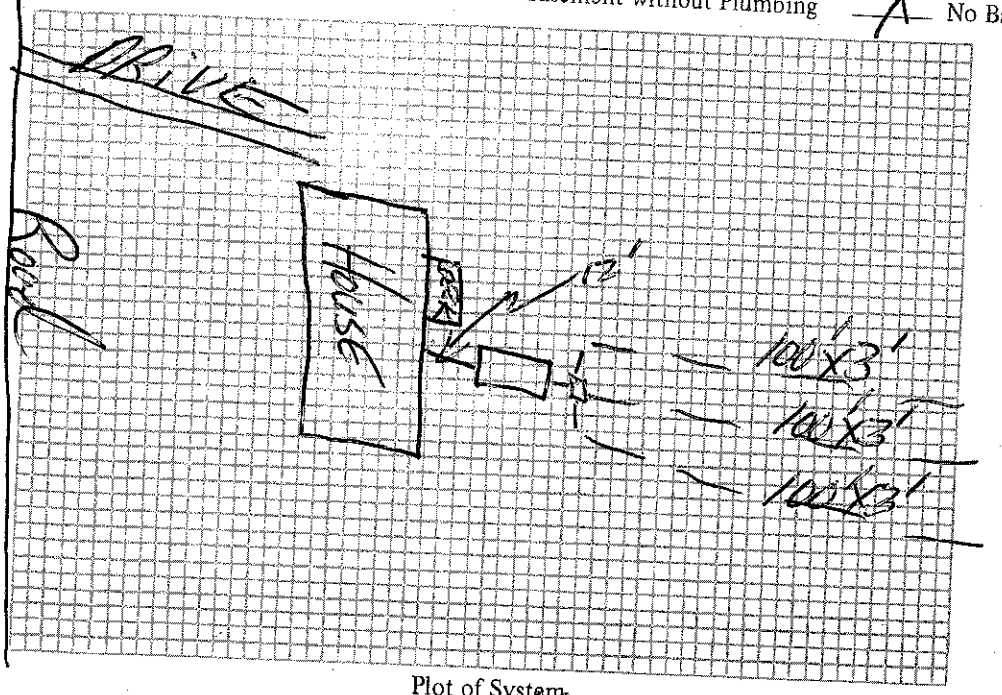
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.06 Acres

Character & Porosity of Soil Clay loam
Percolation Rate 100 gpd
Topography 2-4%
Depth to Water Table Unknown
Rock or other impervious formations None Observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by F. J. Cuneo Co

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: House Not used for disposal due to poor soil

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 10-20-80

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