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 B.K. BARRINGER DATE 1-3-85 PERMIT NO. 4

PHONE: Business _____ Home _____

LOCATION 1155 TR 1102 TL 1104 ½ mile on R

S. R. No. _____

SUBDIVISION NAME I-77 South Industrial Park LOT NO. 2 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (X) Other MAX occupancy 25 persons in ALL buildings

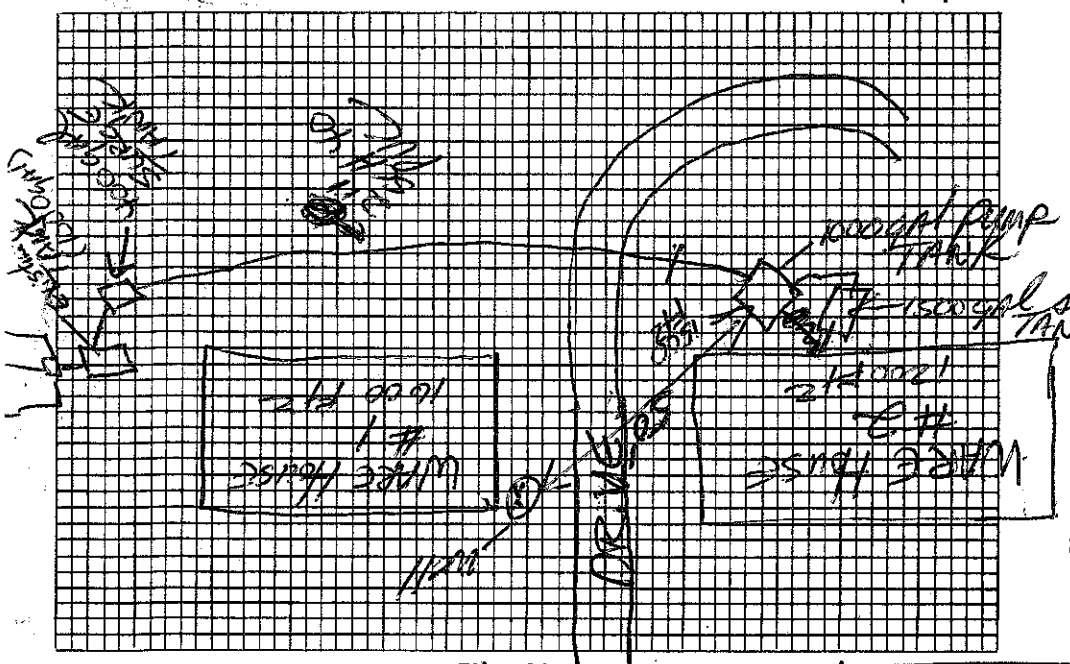
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes ( ) No (X)
Auto. Wash. Machine Yes ( ) No (X)
Site Suitable Yes (X) No ( )
Lot Area SEWER EASEMENT AREA

Character & Porosity of Soil No Industrial
Percolation Rate _____
Topography WASH WATER
Depth to Water Table _____
Rock or other impervious formations (TO SEWER EASEMENT)

AREA FOR Lot 2 - septic Tank

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1500 Gals. 1000 gal pump
Nitrification Field: 440 gal surge tank
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: B.K. Barringer

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Shape drain field over Existing System,
Do NOT drive over system OR Septic TANKS

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