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 Samuel A. Linker DATE 3/30/89 PERMIT NO. 4646-07-2558

PHONE: Business _____ Home 664-3205

LOCATION 1100 T.L. Canvasback TL Wood Duck ~ 1/2 mile on left. S. R. No. _____

SUBDIVISION NAME Lakeside Farm LOT NO. 15 SECTION OR BLOCK NO. 1

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

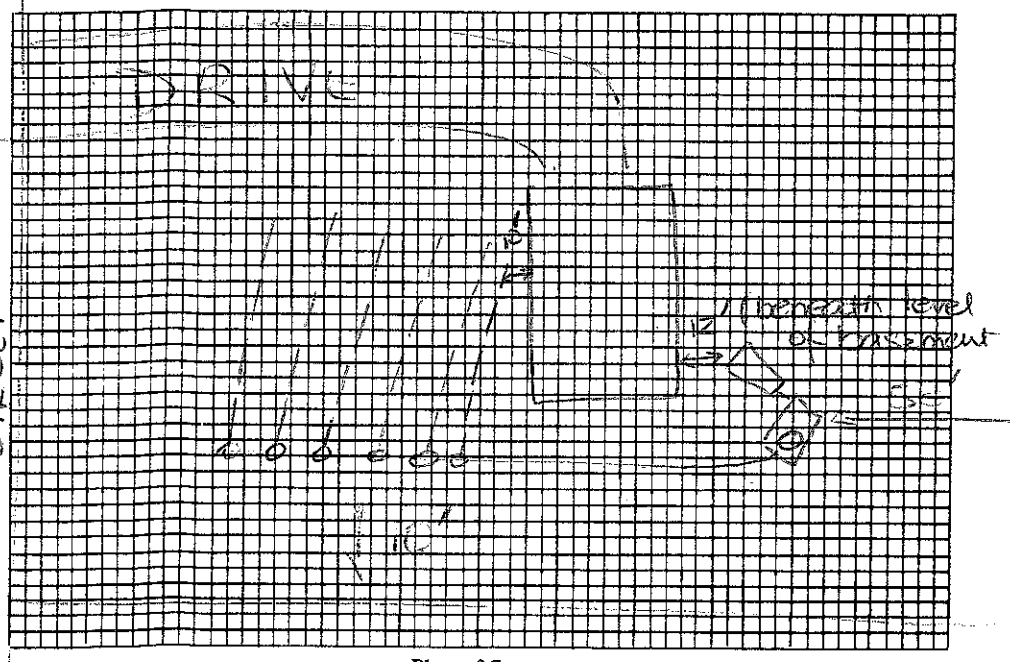
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil Clayey
Percolation Rate 35
Topography 4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement PT: 1000



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1090 Linear Ft. 340
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by E. J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 3/30/89

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