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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 Francis E. Jones DATE 5/19/88 PERMIT NO. _____

PHONE: Business _____ Home 663-5671

LOCATION 1100 TL Farmstead Subdision. At end on left.

_____ S. R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 18 SECTION OR BLOCK NO. _____

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

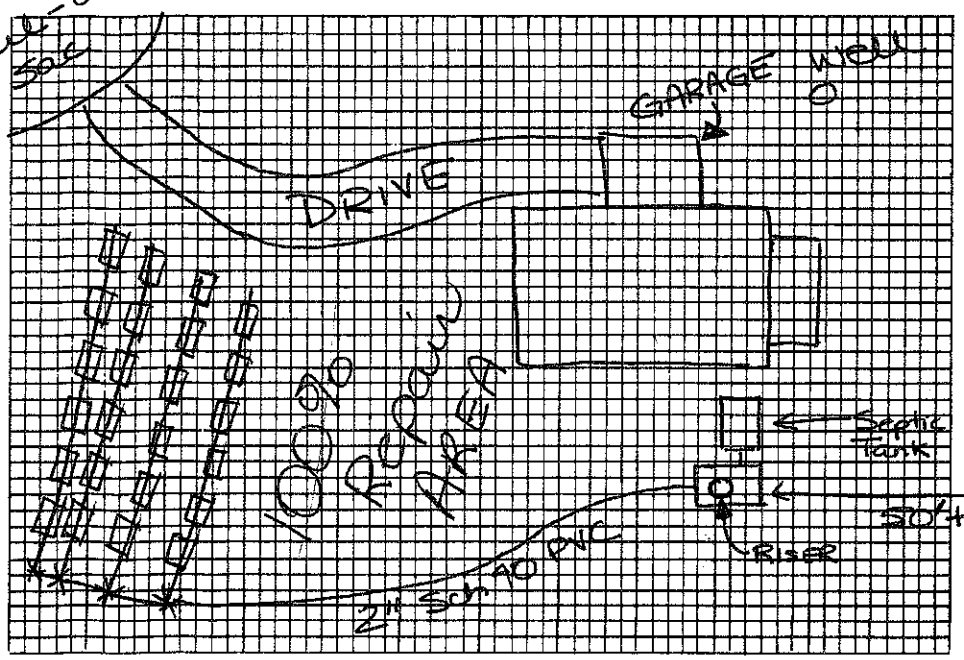
No. Bedrooms 5 No. Bathrooms 3

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

Character & Porosity of Soil clayey
Percolation Rate .35 gpd/ft²
Topography 3 – 6%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

✓ Basement with Plumbing ___ Basement without Plumbing ___ No Basement P.T. 1500gals.



Plot of System NOT TO SCALE

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines ~4
Sq. Ft. _____ Linear Ft. 300 ft of
Depth of Stone in Lines 16" T & J Panels

Water Supply: Individual (X) pressure
Public ( ) dosed.

POND

Installed by _____

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

Signed: Jerry Bamitte

IMPROVEMENTS PERMIT BY A.C.P. Andrew C. Price

COMMENTS: Set tanks at level to achieve fall from basement. Pump through 2" Sch 40 PVC to pressurized T & J panel drainfield. High water alarm to be mounted in living area of house. Call H.D. to size pump if help needed in figuring TDH.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: (after lot is cleared of small trees) 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