4646-24-5427

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 Peggy Story DATE 8-17-84 PERMIT NO. 285

PHONE: Business _____ Home _____

LOCATION 1109 TR 1191 About 3/4 mile ONR

S. R. No. _____

SUBDIVISION NAME Bowman Gap LOT NO. 18 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Lot Line

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay Loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5	2
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Slight Slope	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4 ft	
Lot Area 20,000 Sq Ft			Rock or other impervious formations	Observed	

(X) PR Woodstock

Wet 15 ft

DR 10ft

Lot Line

Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Chuck Mayer

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

Signed: _____

IMPROVEMENTS PERMIT BY T. Clemmer

COMMENTS: Relocated to smaller System; Lt granite Rock 15ft twenty feet of Lines

CERTIFICATE OF COMPLETION BY Ted Clemmer DATE 8-17-84

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