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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 Louis Davis DATE 12/5/91 PERMIT NO. 2T-10-A-002

PHONE: Business ______ Home 663-7954

LOCATION Williamson Rd, TR across from Dines to second lot on (R)

______ S. R. No. ______

SUBDIVISION NAME Eddlewood Harbor LOT NO. 2 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000 FT²

Character & Porosity of Soil P / c (wk structure - ss)

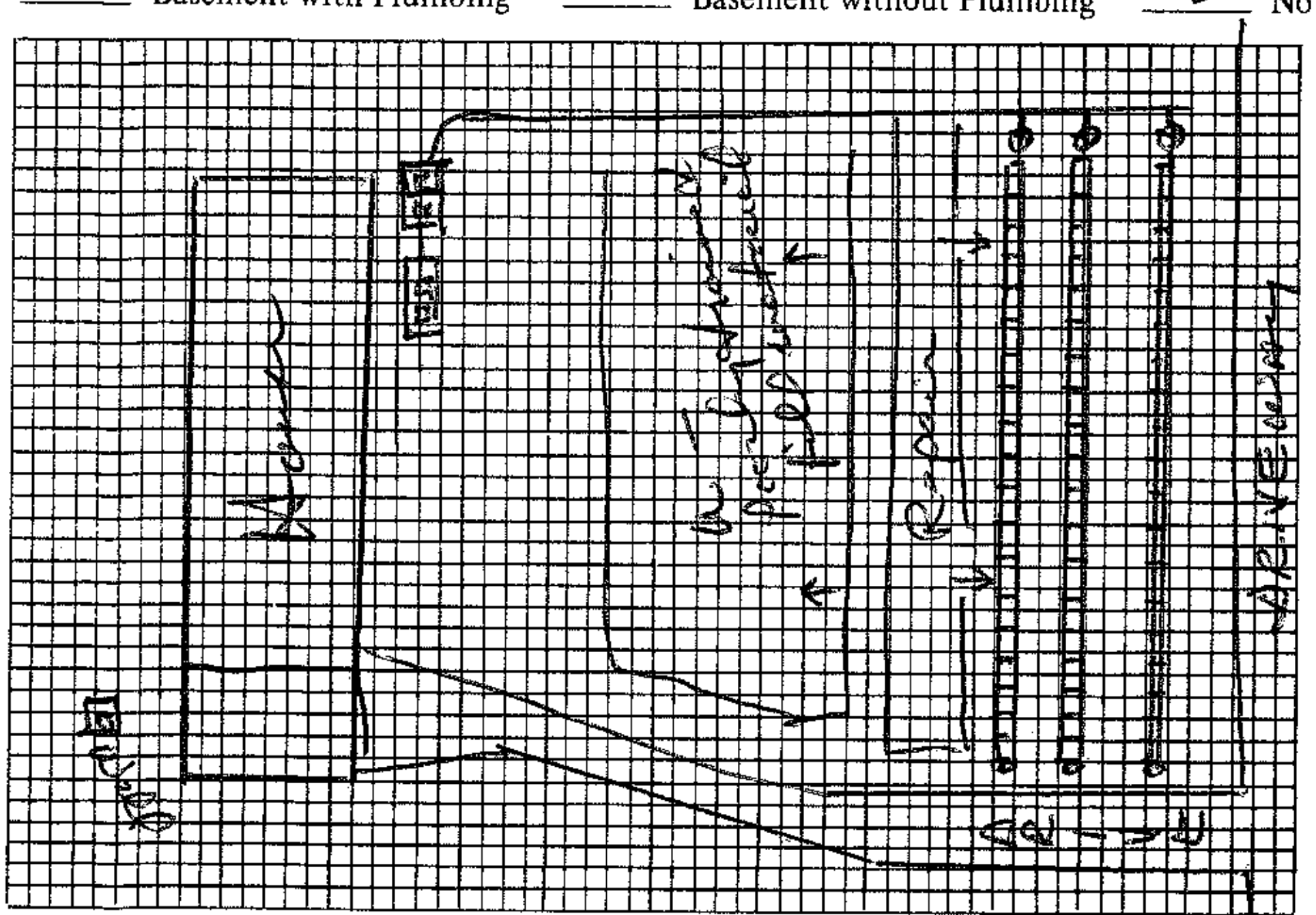
Percolation Rate .25

Topography 2-3%

Depth to Water Table 3.5'

Rock or other impervious formations None observed

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Septic Tank 1000 Pump Tank Gals.

Nitrification Field:

No. of Lines 3 @ 85' x 2'

Sq. Ft. ______ Linear Ft. 250

Depth of Stone in Lines ______

Water Supply: Individual (✓)

Public ( )

Installed by Rowan Septic Tank

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: 12/5/91 - Completed drainfield - balanced pressure head - riser installed and septic tank pump tank approved.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/12/91

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