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 David Parker DATE 12-21-84 PERMIT NO. 456

PHONE: Business _____ Home _____

LOCATION 150 W TL 1109 on left ~1 mile below Williamson Methodist Church TL paved drive on left ONITAC S. R. No. _____

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

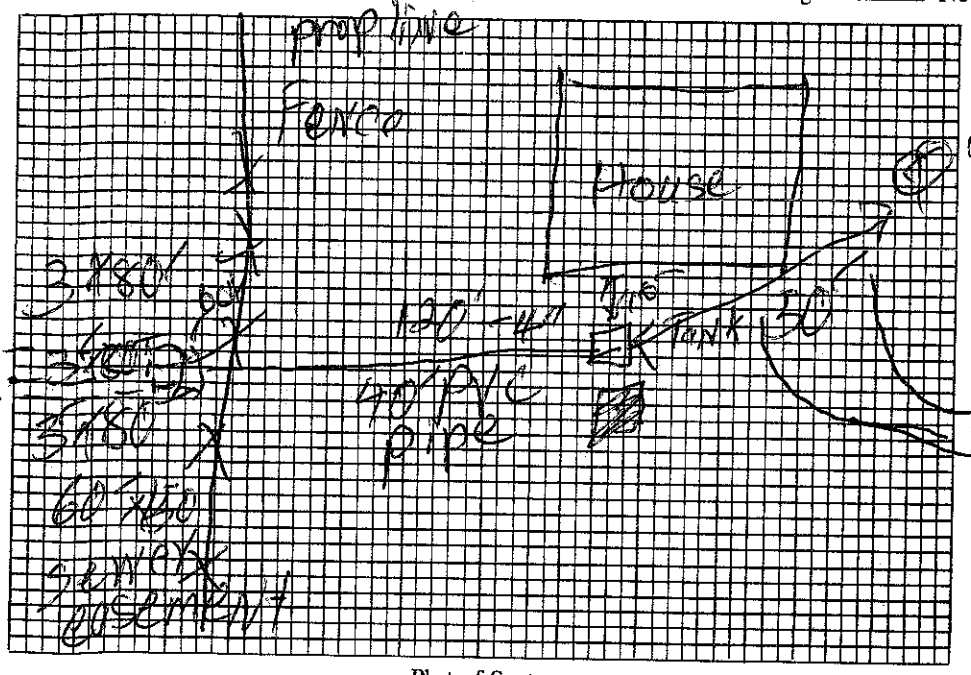
House (X) Mobile Home ( ) Business ( ) Other _____

Nitrification lines on sewer easement

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil	Clay loam
Garbage Disposal Unit	Yes ( )	No (X)	Percolation Rate	15 gal / 1 hr / 2 days
Auto. Dishwasher	Yes (X)	No ( )	Topography	2-4%
Auto. Wash. Machine	Yes (X)	No ( )	Depth to Water Table	4 +
Site Suitable	Yes (X)	No ( )	Rock or other impervious formations	NONE observed

Lot Area 1.246 acres Lake

_____ Basement with Plumbing _X_ Basement without Plumbing _____ No Basement



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 _____

Water Supply: Individual (X)
Public ( )

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 12-21-84

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