IREDELL COUNTY HEALTH DEPARTMENT

2:30

(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 11-4-83 PERMIT NO. 223

PHONE: Business _____ Home _____

LOCATION 150 W TL 1109 on left ~ 1/2 mile below Williamson Methodist Church TL paved drive on left on H20 S. R. No. _____

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

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

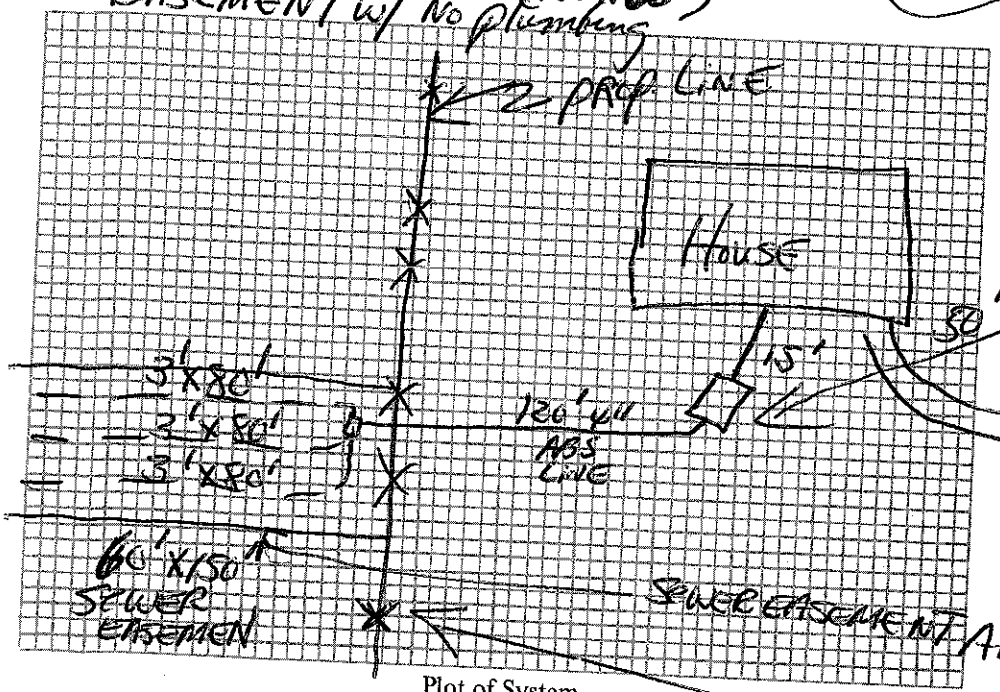
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.246 ACRE

Character & Porosity of Soil Clay loam (AREA of Nitrification field & sewer Easement)
Percolation Rate .5 gal/ft²/day
Topography 3-4%
Depth to Water Table 4+
Rock or other impervious formations NONE observed

(SEWER Easement (150' x 60')
BASEMENT w/ No plumbing



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 ( )
(X) Well Location

Installed by DRIVE

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

Signed: X David R Parker

IMPROVEMENTS PERMIT BY: Fred Clemmer

COMMENTS: Keep system shallow - no more than 1.5 cover over Nitrification field, backfill around septic tank; Stub plumbing out above foundation level

CERTIFICATE OF COMPLETION BY _____

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