08267

4-4830

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 Mary Miankeimer DATE July 8, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215. TR 1100 (Brawley Sch. Rd.) TL Sunfish TR Clippers Lane at end on left S. R. No. _____

SUBDIVISION NAME Clippers Run LOT NO. 12 SECTION OR BLOCK NO. _____

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

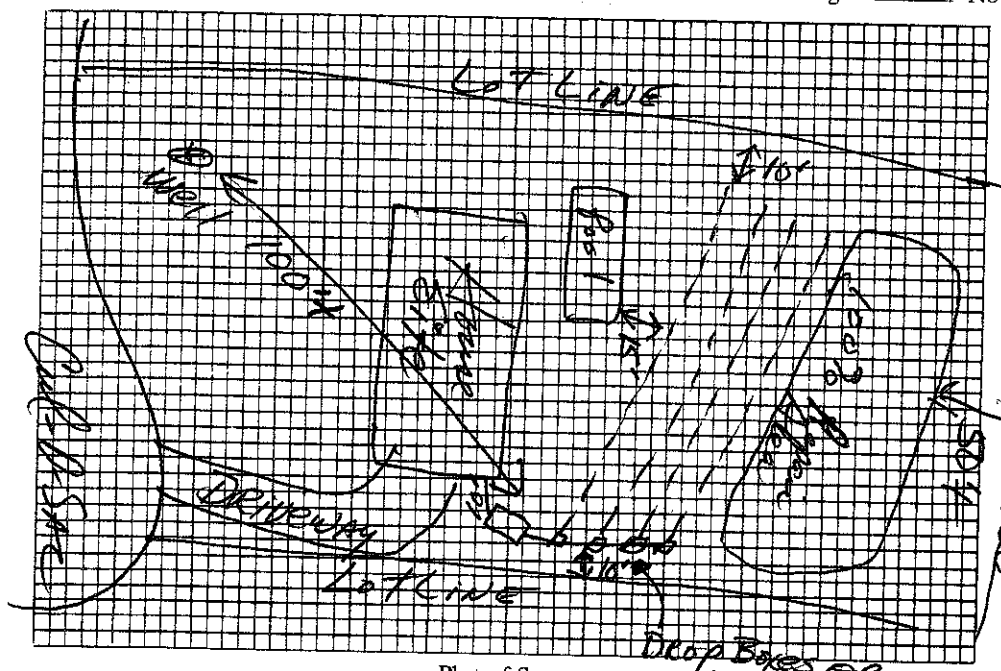
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 2.3
Topography 10-15%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Lot Area 2 1¼ ac.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed Terry Morris

IMPROVEMENTS PERMIT BY J. R. Henson RS.

COMMENTS: Install drainfield on contour and at a depth of 24"-30" to bottom of ditch (12-18" cover). Use drop boxes or flow dividers to distribute effluent.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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