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 Arthur Helms DATE 6-4-86 PERMIT NO. 234

PHONE: Business _____ Home _____

LOCATION 21S TR on Waterlyrn Rd TR on Regal Road ~¼ mile on right before curve

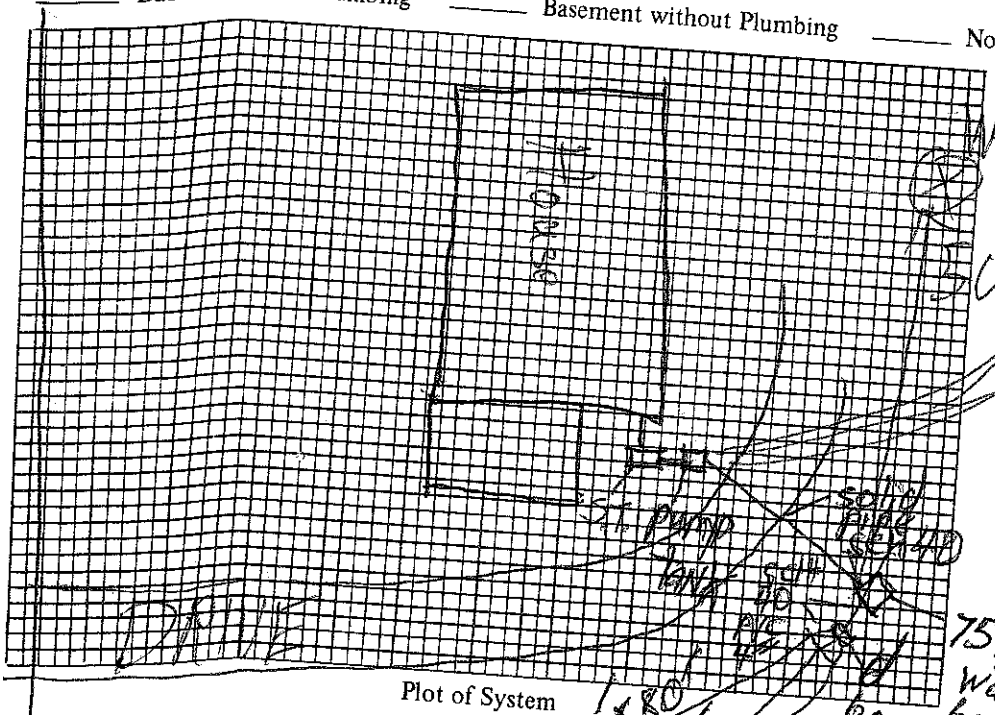
SUBDIVISION NAME Regal Oaks LOT NO. 154 1/2 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil clay with parent material
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .5 gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'
Lot Area EXISTING			Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing tank 1000 pump Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

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: A. J. Helms III

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: check T of tank, follow contour of ground on disconnect old system and hook septic to pump tank and pump to 75 gal washer box which feeds into 2 box with 3 three 80 feet lines 2 feet wide and 9 ft center Have down system for pump

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