4647-09257

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 Donald P. Smith, Jr. DATE 6/13/89 PERMIT NO. 21A

PHONE: Business _____ Home 563-2137

LOCATION 1100 TL Farmstead 8th lot on left

S. R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 8 SECTION OR BLOCK NO. _____

Tax #: Davidson 2K-19-A-8

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 Yes (✓) No ( )

Lot Area ~26,220 ft²

Character & Porosity of Soil clayey

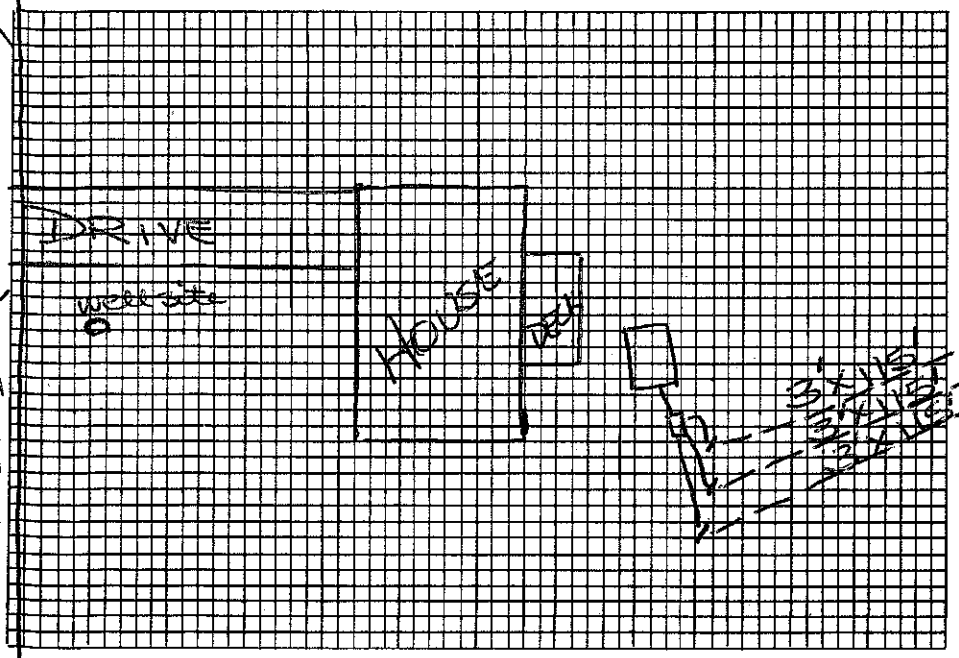
Percolation Rate .35 gpd/ft²

Topography 6-8%

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

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 ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Pierce, R.S. DATE 6/13/89

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