09729 **IREDELL COUNTY HEALTH DEPARTMENT** 4647009548

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Charles Sessoms DATE April 19, '90 PERMIT NO. 2K-16-A-19

PHONE: Business ________ Home ________

LOCATION 1100 TL Charleston Dr. on right rear end

SUBDIVISION NAME Williamsburg Estates LOT NO. 9 SECTION OR BLOCK NO. ________ S. R. No. ________

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil PS clay

Percolation Rate ~.35

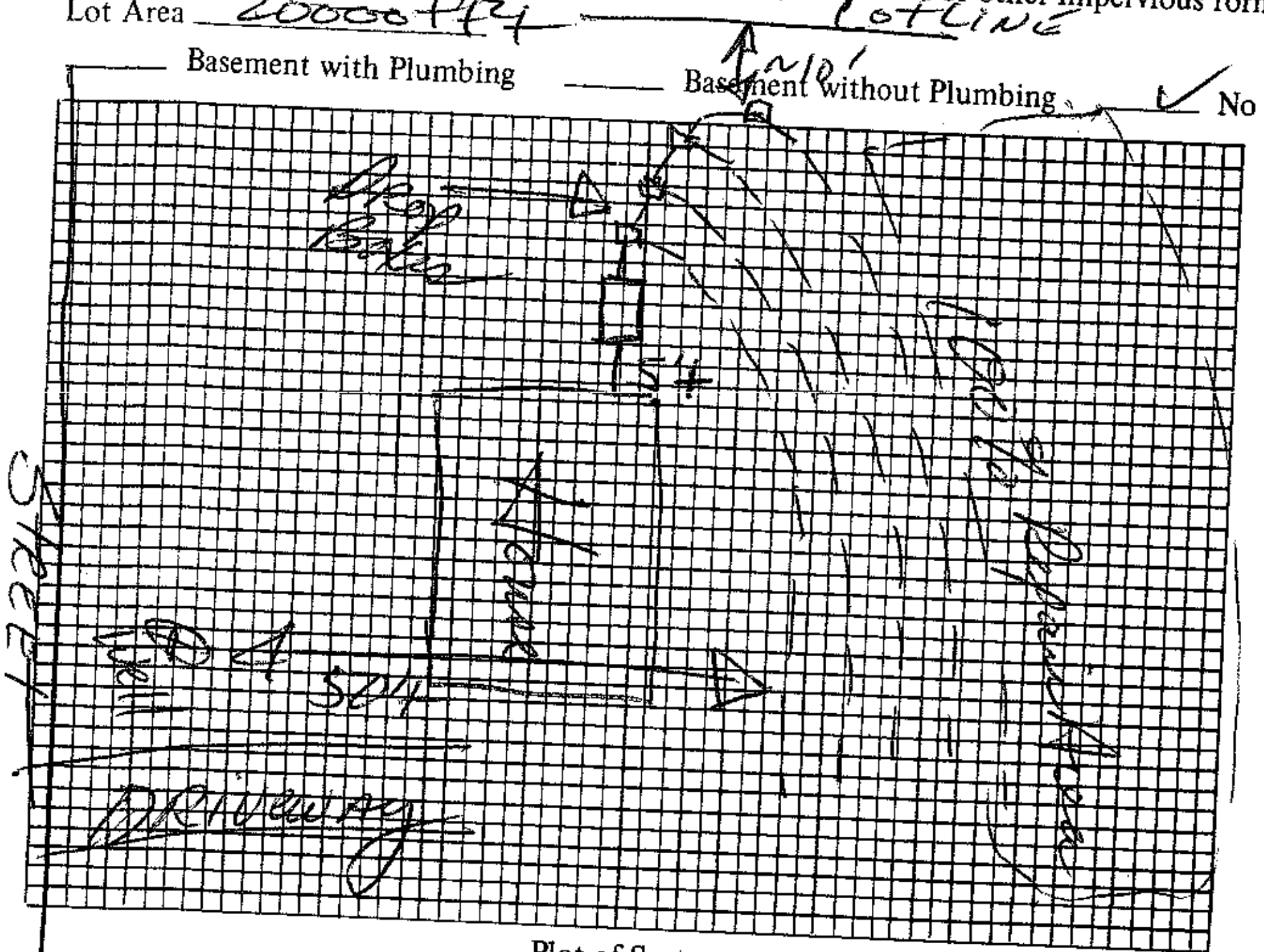
Topography ~4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 20000 ft²+

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by FJ 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 [signature], EHS

EXISTING SYSTEM CHECKED BY: ________ DATE 4-19-90

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