IREDELL COUNTY HEALTH DEPARTMENT 4164710 2448

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR AL Lackey DATE 8-16-86 PERMIT NO. 449

PHONE: Business _____ Home _____

LOCATION 1100 T L Charleston Dr. at end

S. R. No. _____

SUBDIVISION NAME Williamsburg Estates LOT NO. 7 SECTION OR BLOCK NO. _____

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

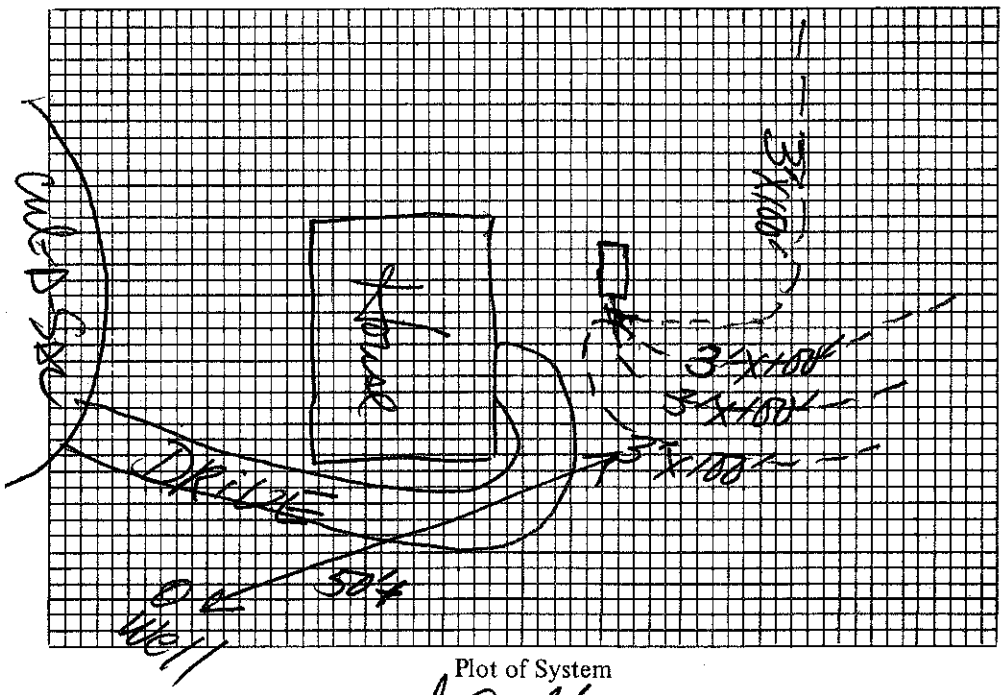
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 3
Topography 2-6%
Depth to Water Table 6ft+
Rock or other impervious formations none obs.

Lot Area 1.3 ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Richard Meredith

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

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Martin R. Johnson, R.S. DATE 8-16-86

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