4649 28 0226

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 Calvin Freeman DATE 6-6-83 PERMIT NO. 186

PHONE: Business _____ Home _____

LOCATION 115 N TL 1312 , TL 1313 Apx 2 miles ON ~~Left~~ Right JR Kings Acres Block TL 16 Block JR AGT 2 way on Left

SUBDIVISION NAME Kings Acres LOT NO. 28 SECTION OR BLOCK NO. _____ S.R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 Ft2 Lot LINE

Character & Porosity of Soil Clay loam

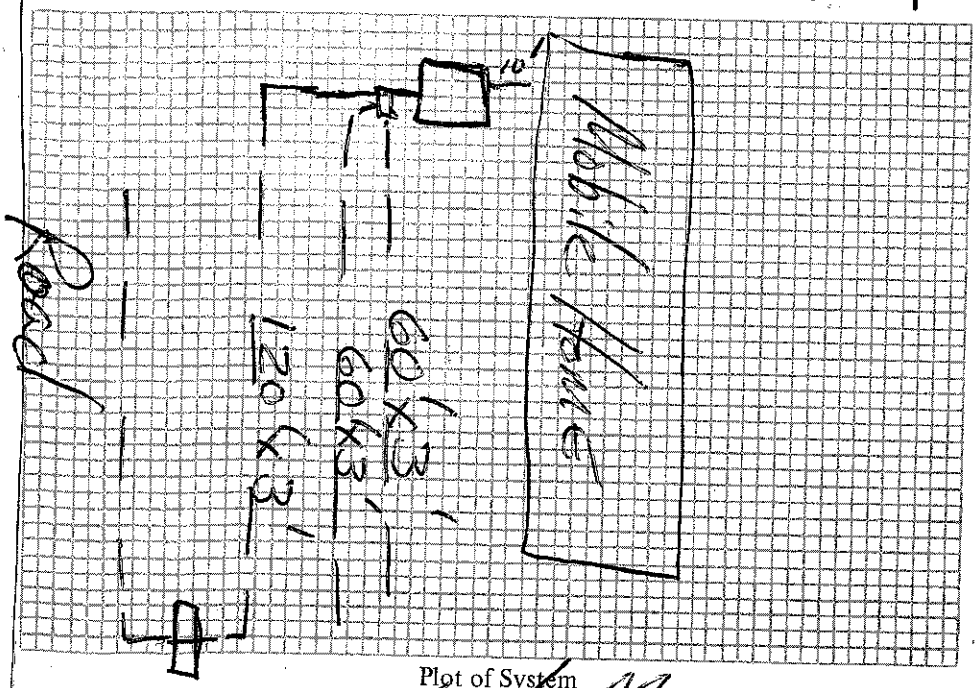
Percolation Rate 0-5 Soft 5-10 Hard 6-0916

Topography _____

Depth to Water Table _____

Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (X)

Installed by Wm Cuthbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Lot LINE

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 6-6-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

it is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making vements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold