08197 4649 28 2375

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 Tracie Tomlin DATE July 7, '88 PERMIT NO. ________

PHONE: Business ________ Home ________

LOCATION 1303 N. TR 1300 (Fern Hill) TL 1313 (Carlyle Rd) TL Jasmine Circle TL 1st Street TR on Rt. S. R. No. ________

SUBDIVISION NAME Kings Acres LOT NO. 46 SECTION OR BLOCK NO. ________

DW

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 ( )

Lot Area 20000 ft²

Character & Porosity of Soil clay

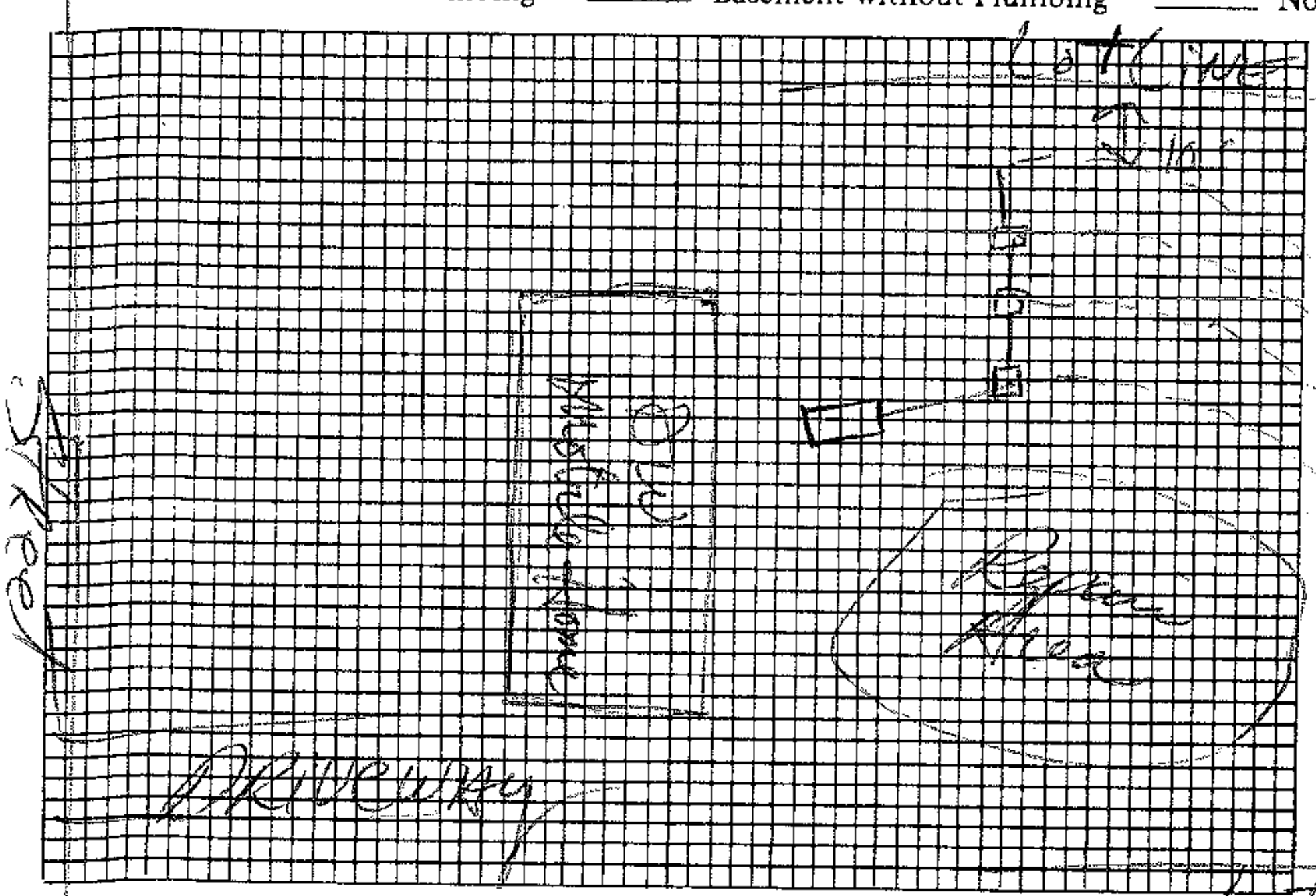
Percolation Rate ~.35

Topography <10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

✓ 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 (✓) CW

Installed by Cuthbertson

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

10' LOT LINE

Signed: ________

10' LOT LINE

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ________

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE July 7, '88

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