4649 28 7598

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 Mildred Davis DATE 5-14-85 PERMIT NO. 206

PHONE: Business _____ Home _____

LOCATION 1303 N TR 1300 TR 1313 (Carlyle Rd) R into Kings Acres Lot on R After Curve

SUBDIVISION NAME Kings Acres LOT NO. 38 SECTION OR BLOCK NO. 2

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

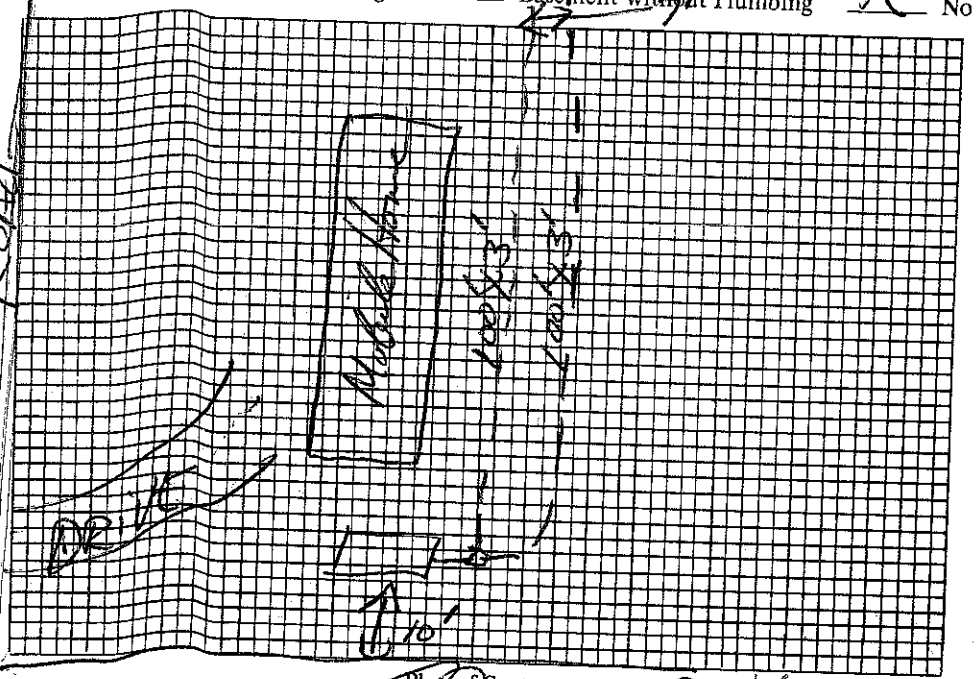
No. Bedrooms 2-3 No. Bathrooms 1-2

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

Lot Area 1+ ACRE

Character & Porosity of Soil Clay
Percolation Rate 0.6 gpm
Topography 15-25%
Depth to Water Table Unknown
Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public X

Installed by Kenneth Chapin

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-14-85

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