9.2

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 Leo Justice DATE 7-7-83 PERMIT NO. 174

PHONE: Business _____ Home _____

LOCATION 115 S. on left at County line – Anchor Grill

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

House ( ) Mobile Home ( ) Business (✓) Other 40 seat restaurant

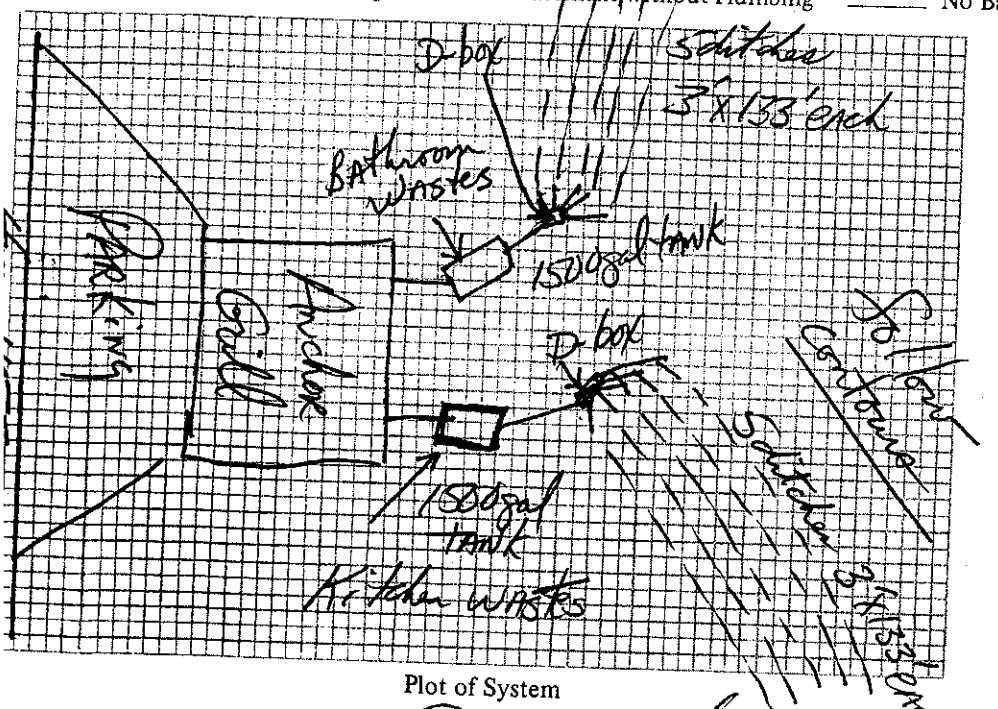
No. Bedrooms _____ No. Bathrooms 2

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

Lot Area ≈ 4 Ac.

Character & Porosity of Soil clay loam to 24"
Percolation Rate 4 Approved
Topography Flat
Depth to Water Table [redacted] 24"+
Rock or other impervious formations p.m. w/mottling at 24"+

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 2-1500 Gals.
Nitrification Field:
No. of Lines 10
Sq. Ft. 4000 Linear Ft. 1333.3
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)
Town of Davidson

Installed by _____

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

Signed Leo Justice

IMPROVEMENTS PERMIT BY David R. Lyman, R.S.

COMMENTS: Relayout – Separate kitchen waster to go to one 1500gal tank and bathroom wastes to go to other 1500gal. tank. Drainfield must be installed shallow. Not more than 24" Hobottom ditch from ex. ground level.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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