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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 6-27-83 PERMIT NO. 164

PHONE: Business _____ Home _____

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

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK 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 N/A

Character & Porosity of Soil clay loam

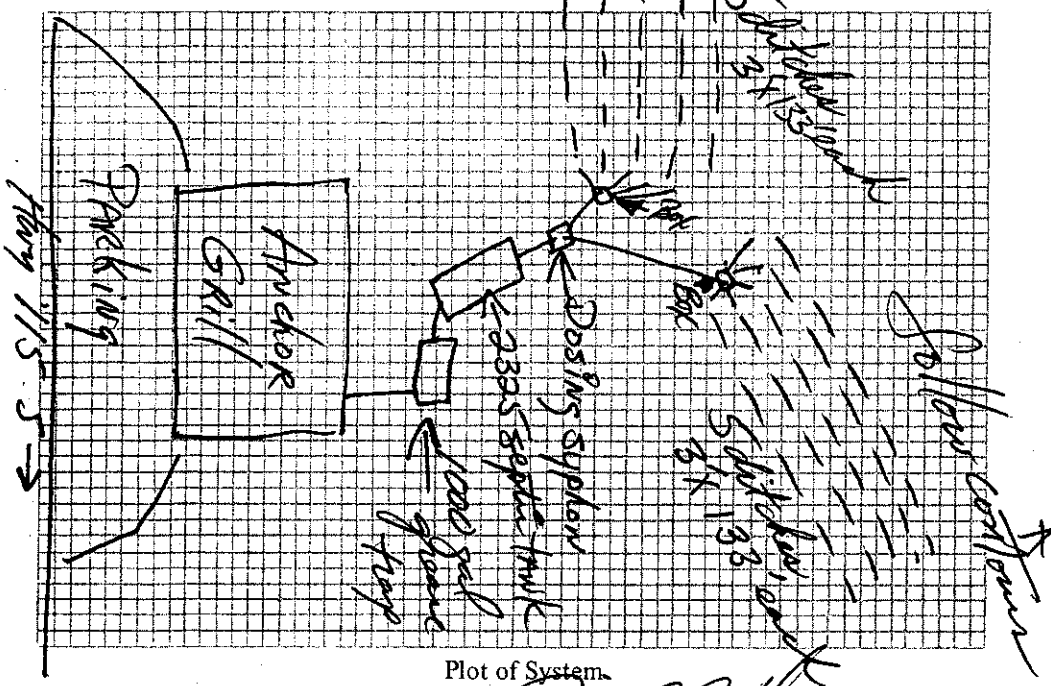
Percolation Rate 4 Approx 1600 gal/day

Topography 4 to 6%

Depth to Water Table 36"+

Rock or other impervious formations Lightly at 72"

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 2325 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 Paul R. Hinson, R.S.

COMMENTS: Drainfield must be installed shallow! Not greater than 24" deep from existing 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