4654-87-0340

# 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 Joe Layton DATE ~~Oct. ACP~~ Nov 7, 1988 PERMIT NO. 210

PHONE: Business _____ Home 563-5892

LOCATION 115 S. TL Presbyterian TR 2nd Davidson Downes TR Canterbury On R ~ 1/4 mile. S. R. No. _____

SUBDIVISION NAME Davidson Downes LOT NO. 105 SECTION OR BLOCK NO. _____

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

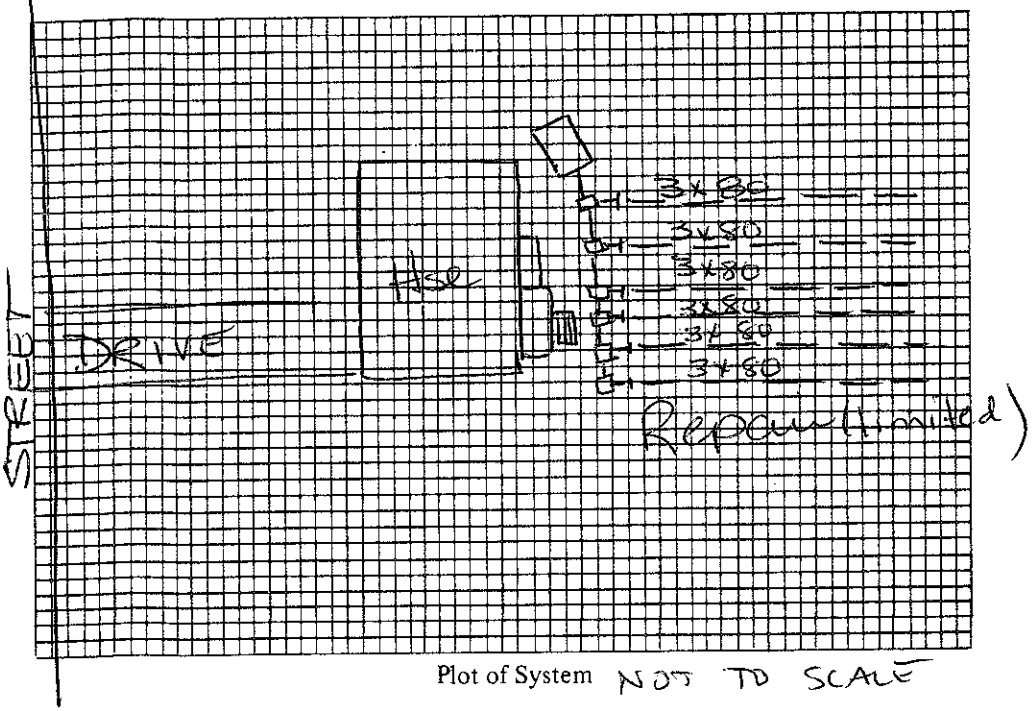
No. Bedrooms 4 No. Bathrooms 2 1/2

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

Character & Porosity of Soil clayey
Percolation Rate .35 gpd 1/ft2
Topography gently
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System NOT TO SCALE

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1440 Linear Ft. 480
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by Abernathy.

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Price DATE 11/7/88

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