4654-87-1563

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 Larry Correll DATE May 2, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 155 S. TR 1138 TR Buckingham Place TR Canterbury Trail ~500' on left S. R. No. _____

SUBDIVISION NAME Timber Downs LOT NO. 78479 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ P.S. Yes ( ) No ( )

Character & Porosity of Soil Clay

Percolation Rate 4, 4-8

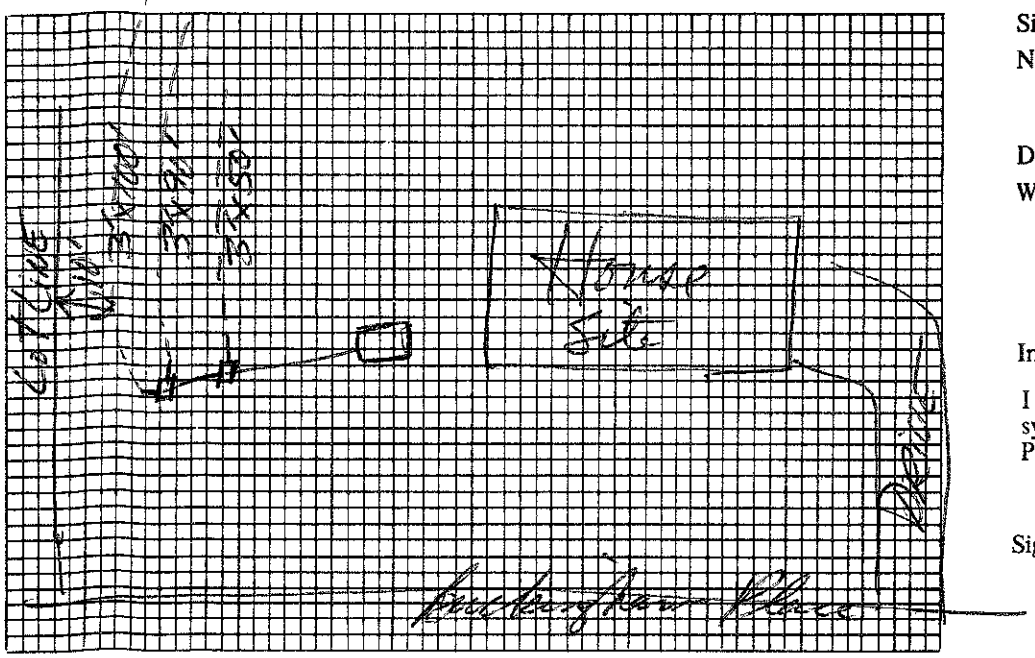
Topography 4-8%

Depth to Water Table 4+

Rock or other impervious formations none obs.

Lot Area 1 Ac +

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)
Community Well

Installed by Mike Lanier

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

Signed: _____

IMPROVEMENTS PERMIT BY JAC.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Kelly Sloan by JAC DATE May 2, 1988

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