Abandon Tank? D-Box?

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 Rex Gleason DATE 5/17/88 PERMIT NO. _____

PHONE: Business _____ Home 663-0659

LOCATION 115S TL PRESBYTERIAN TR Main ENTRANCE to Davidson DOWNES TR 1st Paved Rd. TL 2nd Paved Rd. R. No. ON L.

SUBDIVISION NAME Davidson Downes LOT NO. 69 SECTION OR BLOCK NO. _____

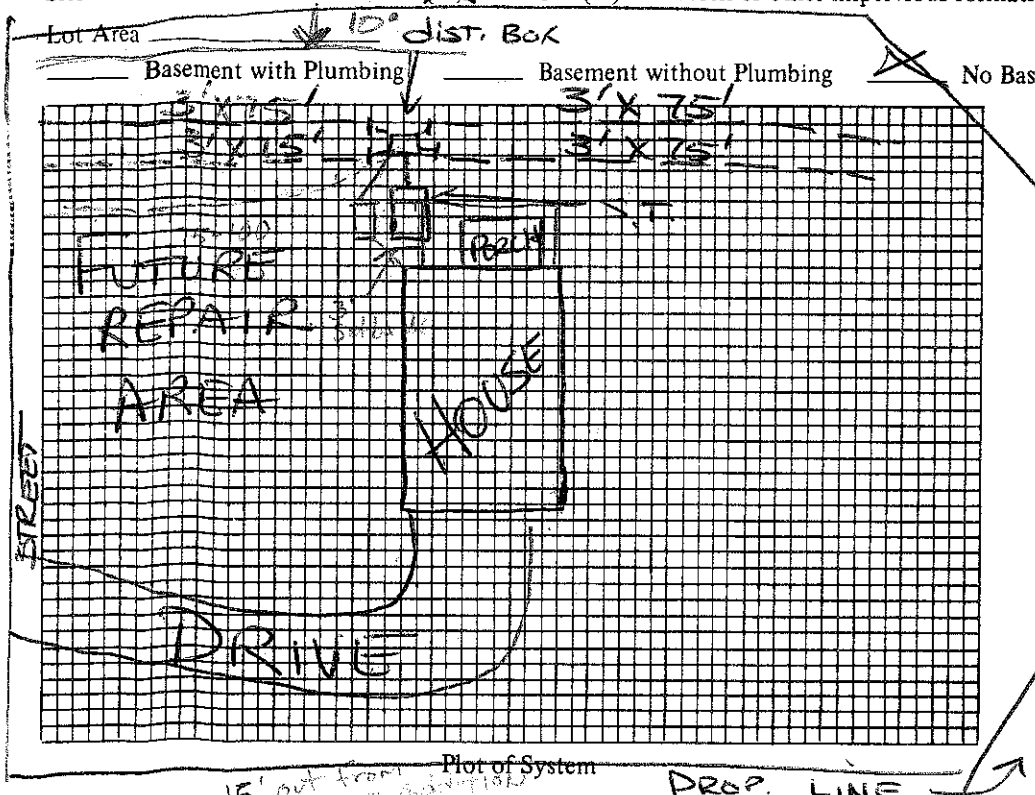
House ~~X~~ Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

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

Character & Porosity of Soil Clayey
Percolation Rate ~4
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none observed.

Lot Area _____



Plot of System

15' out from house

PROP. LINE

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

1500 5/17/88 - ACP

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public X
COMMUNITY

Installed by F.J. ERVIN.

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Feathered off pH Test ran

CERTIFICATE OF COMPLETION BY _____ DATE 5/17/88

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