4654-87-9435

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 Richard F. Arnette DATE 4/27/88 PERMIT NO.

PHONE: Business Home

LOCATION 115 S, LF on Presbeterian, Rt into Davidson Downs, Rt on 1st Street, LF on 2nd St, x500' on Rt S. R. No.

SUBDIVISION NAME Davidson Downs LOT NO. 86 SECTION OR BLOCK NO.

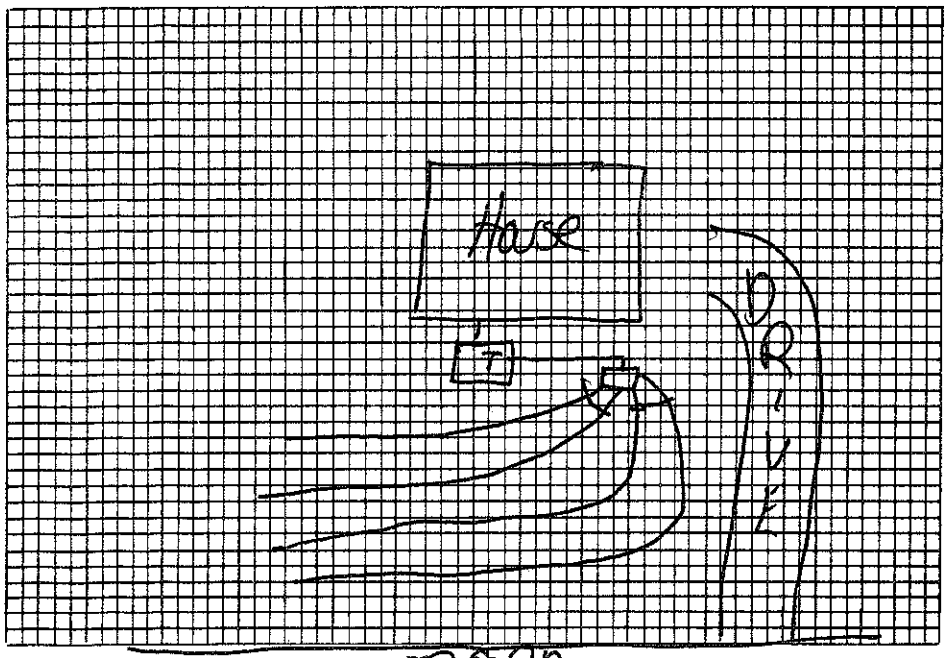
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000ft²

Character & Porosity of Soil clayey
Percolation Rate 0.4 gpd/ft²
Topography 2% near road
Depth to Water Table 4'+
Rock or other impervious formations none noted

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Hinson RS

COMMENTS: Do not drive on line adjacent to driveway !!!
Sow grass over area of nitrification lines. Gutter house and divert water from system area.

CERTIFICATE OF COMPLETION BY [signature] DATE 4/27/88

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