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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 Judd R. Jones DATE 4-13-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1138 (Presbyterian Rd.) TR into Davidson Downes Bear Rt. near end on left S. R. No. _____

SUBDIVISION NAME Davidson Downes LOT NO. 91+92 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 1.5 Ac.

Character & Porosity of Soil clay

Percolation Rate 2-4

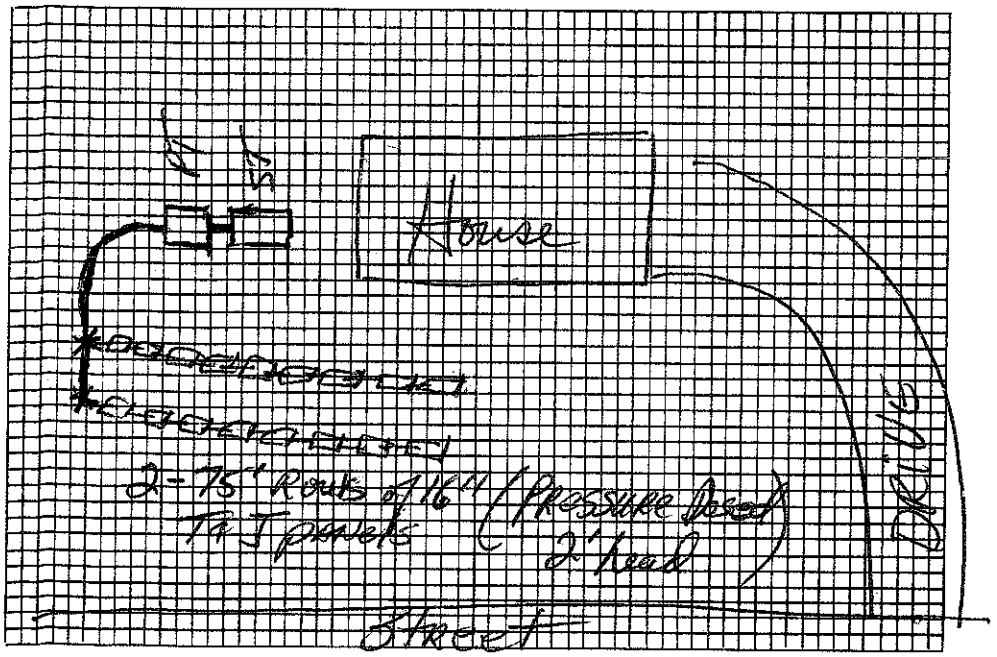
Topography 2-4% near road

Depth to Water Table 4'+

Rock or other impervious formations none obs.

1000 gal pump tank

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 150' ✓

Depth of Stone in Lines 16" ✓

Water Supply: Individual ( )

Public (✓)

Community Well

Installed by Bill Wolledge

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

Signed: _____

IMPROVEMENTS PERMIT BY DKH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DK Hinson, R.S. DATE 4-13-87

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