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 10-17-86 PERMIT NO. 436

PHONE: Business _____ Home _____

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

SUBDIVISION NAME Davidson Downes LOT NO. 91 & 92 SECTION OR BLOCK NO. _____

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

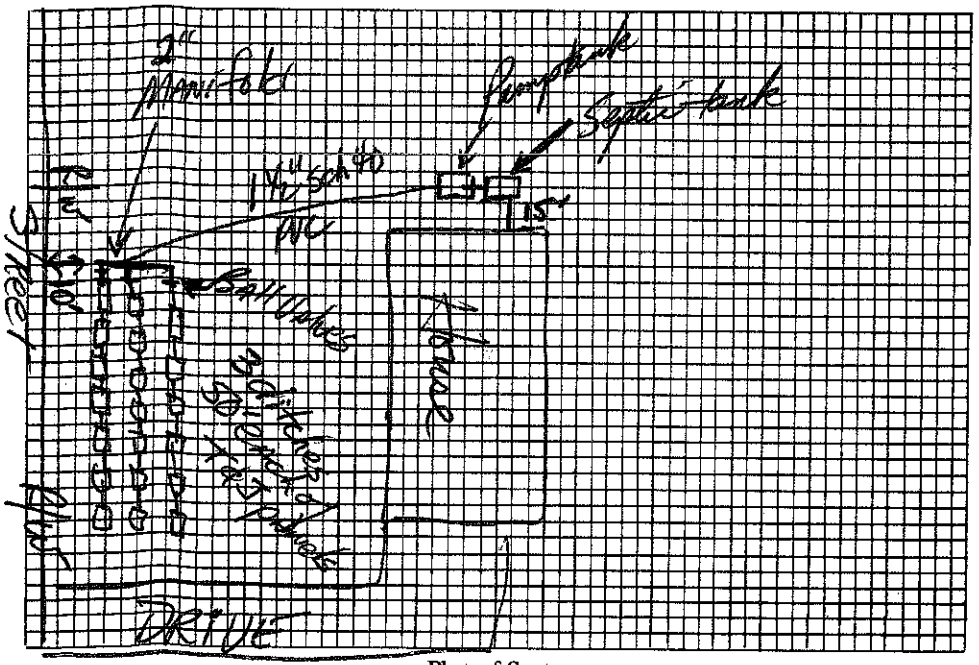
No. Bedrooms 3 No. Bathrooms 2

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 next to road
Percolation Rate 4
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



1000 gal. pump tank w/o Baffle

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150'
~~Depth of Stone in Lines~~ 16" T&J panels

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

Installed by _____

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

~~X~~ Signed: Jim Shain

IMPROVEMENTS PERMIT BY Mark R. Hunsucker, R.S.

COMMENTS: If owner decides to have plumbing in basement, switch tanks' locations to rear of house. Pressure dose 150' of 16" T&J panels.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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