12:30

# 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 Lynn M. White DATE Feb. 10, 87 PERMIT NO. 444

PHONE: Business _____ Home _____

LOCATION 21 S. TR 1100 (Berkley Sch. Rd.) ~200' TL Lazy Lane on left

SUBDIVISION NAME Carefree Estates LOT NO. 13 SECTION OR BLOCK NO. _____ S. R. No. _____

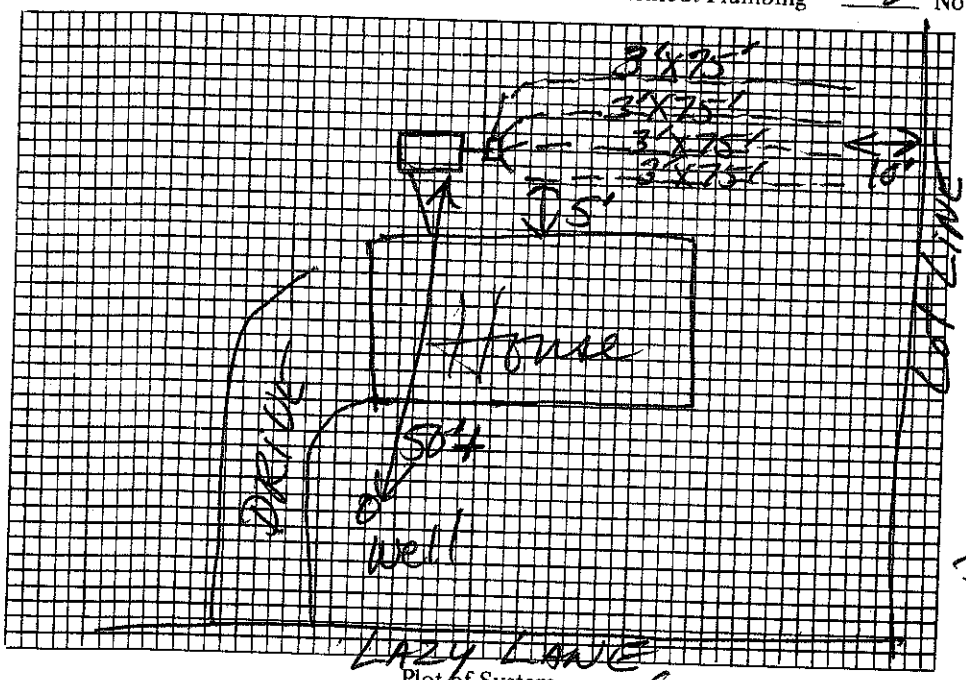
House (✓) Mobile Home ( ) Business ( ) Other _____

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 160 X 200'

Character & Porosity of Soil clay (shallow)
Percolation Rate 24
Topography 2%
Depth to Water Table 24"+
Rock or other impervious formations none obs. - saprolyte 24"+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 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 _____

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

X Signed: Lynn M White

IMPROVEMENTS PERMIT BY David R. Johnson, RS.

COMMENTS: Drainfield must be installed shallow (12" cover) Pull plumbing out high and set tank with top at existing ground level in order to accomplish this. Mound over tank with excess dirt.

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