4656 53 1951

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 Debbie Young DATE May 26 '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. to Klutts Road 1st house on Right

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair to washer, sink drain system due to old system being < 50' to ex well

No. Bedrooms 2-3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ IS Yes ( ) No ( )

Lot Area Existing (≈ 3/4 Ac)

Character & Porosity of Soil clay

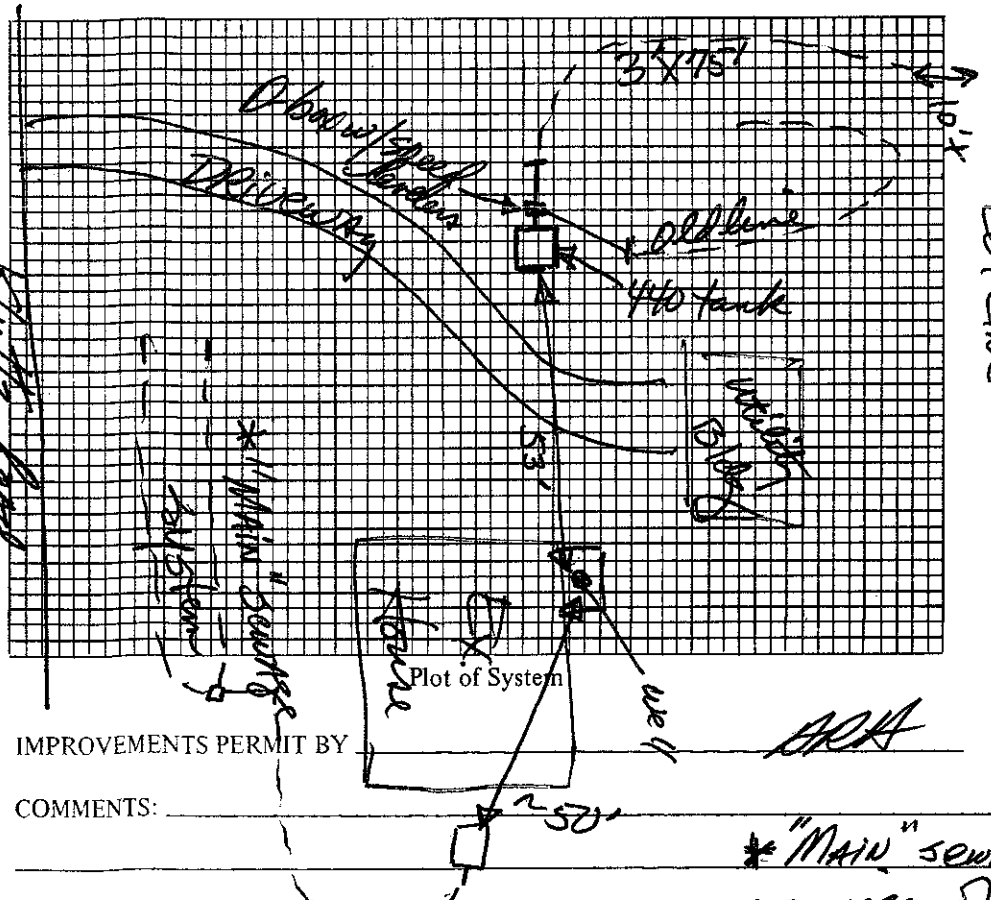
Percolation Rate 2-3

Topography 2-4% 44

Depth to Water Table _____

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement (Washer-sink Drain System)



Size of Tank 440 Gals.

Nitrification Field:

No. of Lines 1 (plug existing line)

Sq. Ft. 225 Linear Ft. 75

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by J.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: *"Main" sewage system showing no signs of malfunction as of this date on permit.

CERTIFICATE OF COMPLETION BY Jackie R. Henson, RS DATE 5-26-89

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