IREDELL COUNTY HEALTH DEPARTMENT 4656 58 7574

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James W. Hill DATE Oct. 8, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Lawrence Ave Turn on Norman Drive Bear Rt on Club Dr. near end on Rt. S. R. No. _____

SUBDIVISION NAME Walton Forest LOT NO. 7 SECTION OR BLOCK NO. _____

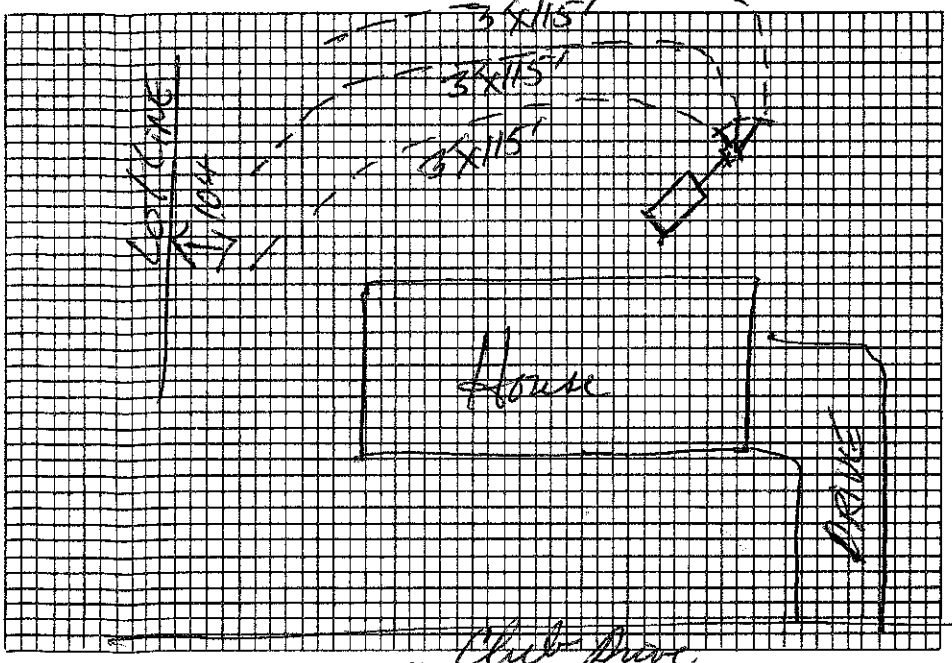
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )
Lot Area ~20000 Sq Ft Lot Line

Character & Porosity of Soil clay
Percolation Rate 2, 35
Topography 2-6%
Depth to Water Table 44
Rock or other impervious formations none obs.

_____ Basement with Plumbing 10'1 Stepdown Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by A J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE Oct 8, 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