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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 FJ Ervin DATE 4/23/90 PERMIT NO. 1D1A-A-32A

PHONE: Business _____ Home _____

LOCATION Stacy Rd (1129) on (R) just after curve, off Markwood Rd.

S. R. No. _____

SUBDIVISION NAME — LOT NO. — 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 ( )	

Character & Porosity of Soil clay

Percolation Rate 4

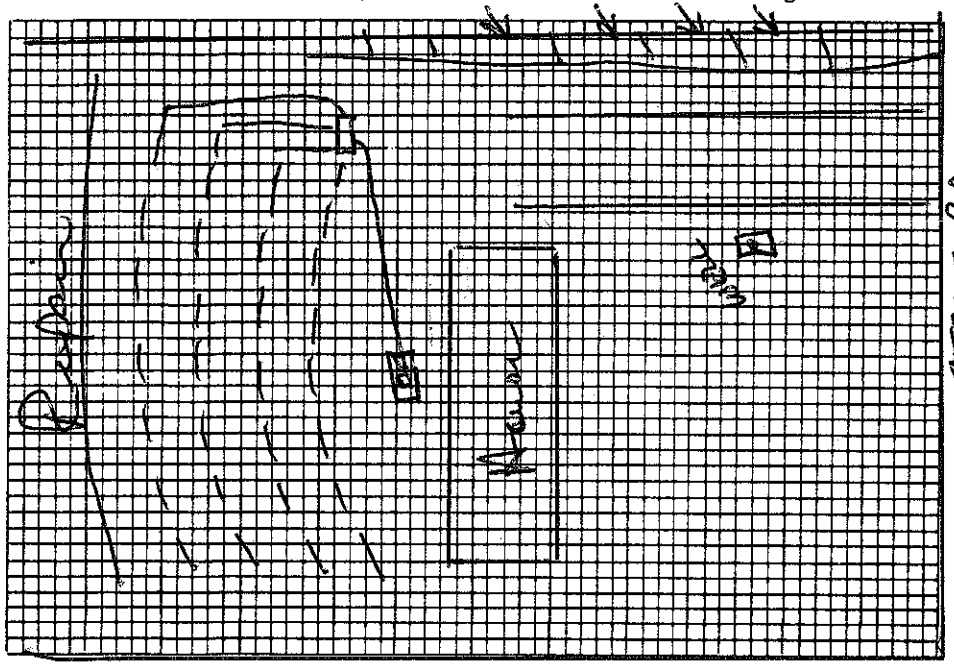
Topography 4-7%

Depth to Water Table >3

Rock or other impervious formations No

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 75'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12-14"

Water Supply: Individual (✓)

Public ( )

Installed by FJ Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Sticky clay soil - wk. structure

Repair will have to be below this system since well was put in front yard.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 4/23/91

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