IREDELL COUNTY HEALTH DEPARTMENT 4656945931

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

OWNER OR CONTRACTOR Kenneth Scott Young DATE 12/17/87 PERMIT NO. _____

PHONE: Business 1 Home _____

LOCATION 1125 S. TR Cloafelter Rd (~1/4 mile on Right before Timber Rd. S. R. No. _____

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

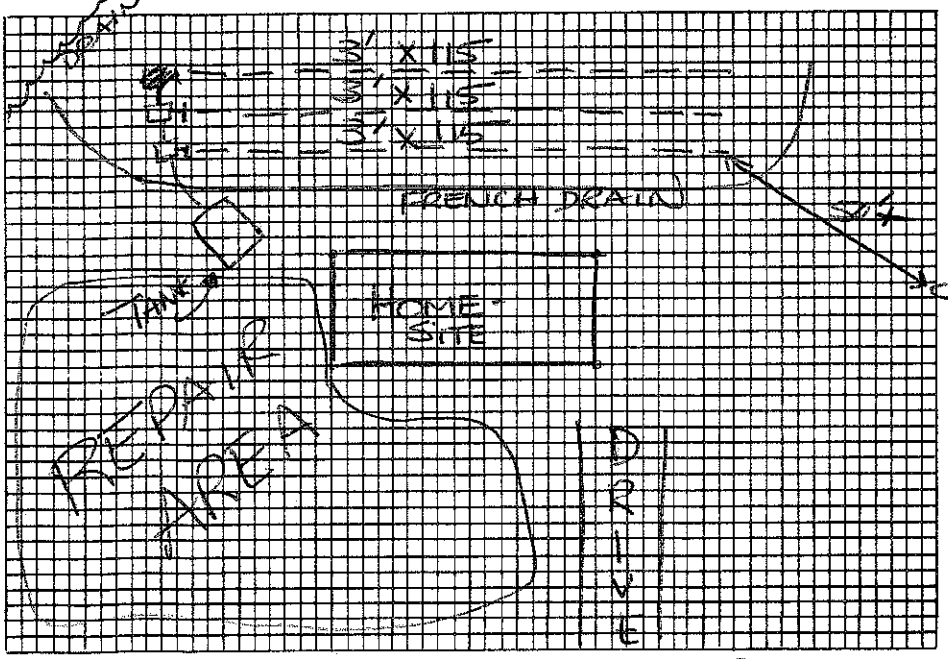
House (✓) Mobile Home ( ) Business ( ) Other _____

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 ~ .35 gpd/ft²
Topography 2-4%
Depth to Water Table 12"+ to be modified w/ French Drain
Rock or other impervious formations none observed.

Lot Area 20000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Not to Scale

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 345 Linear Ft. 345
Depth of Stone in Lines 12"
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 DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C Dunn DATE 12/17/87

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