IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Gfound Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Richard Connelly DATE Mar 1987 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR 1506 (Rinehart) Grand Oaks Drive
TR Northwood Box 877 Lake Norman NC S. K. No. _____

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

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

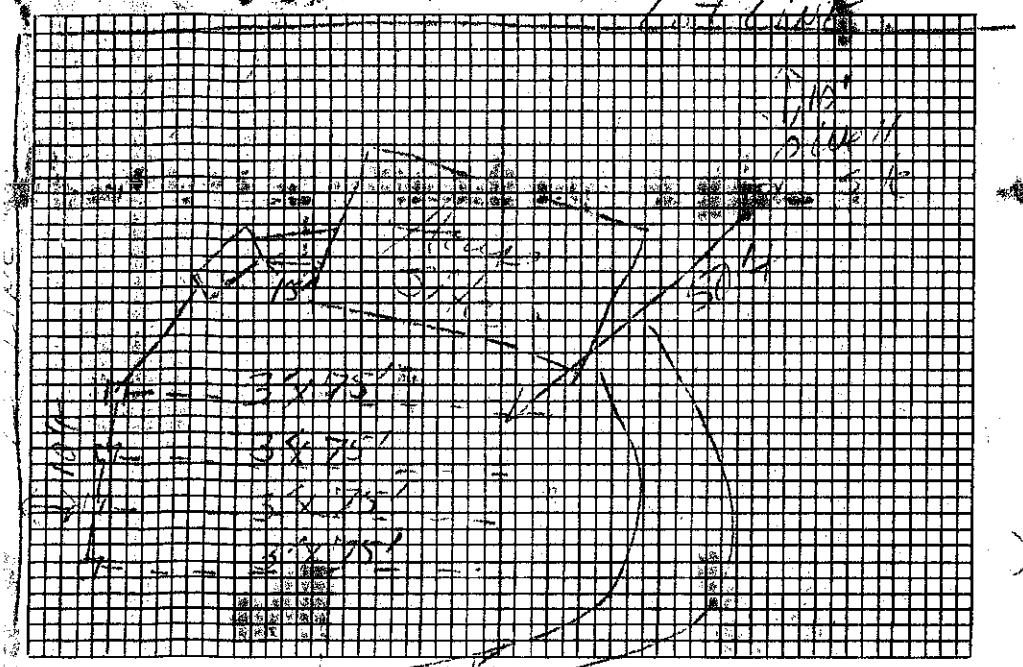
No. Bedrooms 3 No. Bathrooms 2

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 24
Topography Rolling
Depth to Water Table 4 ft
Rock or other impervious formations Soapstone

Lot Area 2 Ac.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 500 Linear Ft. 500
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.

Signed: Richard Connelly

IMPROVEMENTS PERMIT BY DR Ford R. Thomas, R.S.

COMMENTS: Install 4 lines Trench Bottom (12" conv.). Use a series of gravity Installed drop boxes to distribute effluent.

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